

VA/DoD Clinical Practice Guideline for the Management of Ischemic Heart Disease (IHD) - Module B Key Points

Definite/Probable Non-ST-Segment Elevation Acute Coronary Syndrome (ACS) (Unstable Angina/Non-ST-Segment Elevation MI [NSTEMI])

Patients with ACS (UA/NSTEMI) are at high risk for MI or death and are candidates for further aggressive diagnostic and therapeutic interventions that should include:

- Ensure emergency intervention
- Admission to an intensive- or intermediate-care unit
- Immediate cardiac rhythm monitoring
- Therapy directed at stabilizing ischemia (beta-blocker, NTG)
- Risk-stratification to determine prognosis and guide treatment. Assessment for risk of death or MI based on symptoms, level of biomarker (troponin, CK) and ECG
- Antithrombotic therapy tailored to individual risk that should include:
 - ASA
 - Heparin (UFH) or low molecular weight heparin (LMWH)
 - Clopidogrel if intervention is not planned

* **UA/NSTEMI patients should *not* receive reperfusion fibrinolytic therapy**

VA access to full guideline: <http://www.oqp.med.va.gov/cpg/cpg.htm> December 2003
DoD access to full guideline: <http://www.QMO.amedd.army.mil>

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High-risk patients are candidates for further aggressive diagnostic and therapeutic interventions including:

- Early (i.e., <48 hour) coronary angiography with subsequent revascularization if indicated.
- GP IIb/IIIa antagonist in addition to aspirin, heparin and clopidogrel in patients with continuing ischemia or with other high-risk features.
- GP IIb/IIIa antagonist may also be used in patients in whom an early invasive strategy is planned. GP IIb/IIIa can be administered just prior to PCI.

In patients not undergoing angiography:

Perform non-invasive evaluation (cardiac stress test and left ventricular [LV] function), and:

If LV function is compromised:

- Ensure pharmacologic therapy for ischemia, angina, and congestive heart failure
- Initiate ACE inhibitor therapy
- Consider referral to cardiology

All patients with suspected, but unproven, unstable angina should have further diagnostic testing to determine the accuracy of the diagnosis.

Discharge patient to home with appropriate follow-up.