

Initial Therapy for Patients with ACS

- Aspirin 162 mg to 325 mg, if not already given (See Annotation B and Core Module)
- Clopidogrel 75 mg if hypersensitivity to aspirin or major GI intolerance
- IV Unfractionated Heparin (UFH) Or Subcutaneous Low Molecular Weight Heparin (LMWH)
- Beta-blocker if not contraindicated
- IV nitroglycerin for persistent or recurrent symptoms
- IV morphine as needed

Fibrinolytic therapy should not be given to patient with UA/NSTEMI unless ST-segment elevation/LBBB MI or a true posterior MI develops

Sidebar A: Antiplatelet and Anticoagulant Therapy

DEFINITE ACS High Risk	LIKELY/ DEFINITE ACS Moderate Risk	POSSIBLE ACS Low Risk
Aspirin + IV heparin/ SQ LMWH + IV platelet GP IIb/IIIa receptor antagonist	Aspirin + SQ LMWH or IV heparin	Aspirin
Clopidogrel	Clopidogrel	

Sidebar B - Indications for IIb/IIIa and Early Invasive Therapy in High Risk Patients

- Recurrent angina/ischemia despite therapy
- Elevated troponin (TnT or TnI)
- New or presumably new ST-segment depression

Sidebar C - Indications for Angiography in Intermediate Risk Patients

- New/recurrent angina/ischemia
- High risk findings on non-invasive testing
- Depressed left ventricular LV systolic function (e.g., ejection fraction (EF) <0.40)
- Hemodynamic instability (e.g., hypotension)
- Sustained ventricular tachycardia
- Previous PCI within 6 months
- Prior CABG

Sidebar D: Results of Non-Invasive Testing

High-Risk (greater than 3% annual mortality rate)

- Severe resting LV dysfunction (LVEF <0.35)
- High-risk Duke treadmill score (score ≤-11)
- Severe exercise LV dysfunction (exercise LVEF <0.35)
- Stress-induced large perfusion defect (particularly if anterior)
- Stress-induced moderate-size multiple perfusion defects
- Large fixed perfusion defect with LV dilation or increased lung uptake (thallium-201)
- Stress-induced moderate-size perfusion defect with LV dilation or increased lung uptake (thallium-201)
- Echocardiographic wall motion abnormality (involving >2 segments) developing at low dose of dobutamine (≤10 mg/kg/min) or at a low heart rate (<120 bpm)
- Stress echocardiographic evidence of extensive ischemia

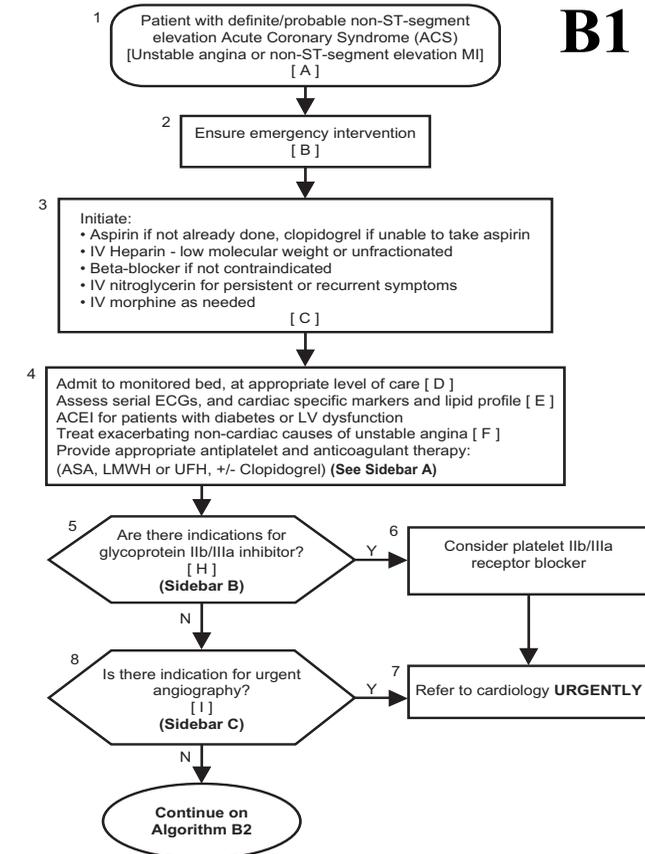
Intermediate-Risk (1% - 3% annual mortality rate)

- Mild/moderate resting left ventricular dysfunction (LVEF = 0.35 to 0.49)
- Intermediate-risk Duke treadmill score (>-11 and < 5)
- Stress-induced moderate perfusion defect without LV dilation or increased lung uptake (thallium-201)
- Limited stress echocardiographic ischemia with wall motion abnormality only at higher doses of dobutamine involving ≤ two segments

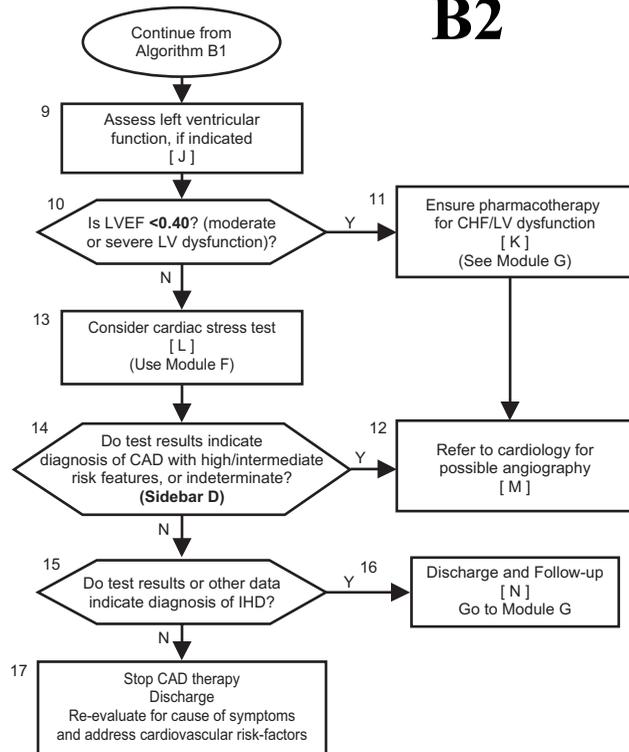
VA/DoD Clinical Practice Guideline Management of Ischemic Heart Disease (IHD) Module B Pocket Guide

Definite/Probable Non-ST-Segment Elevation Acute Coronary Syndrome (NSTE-ACS)

B1



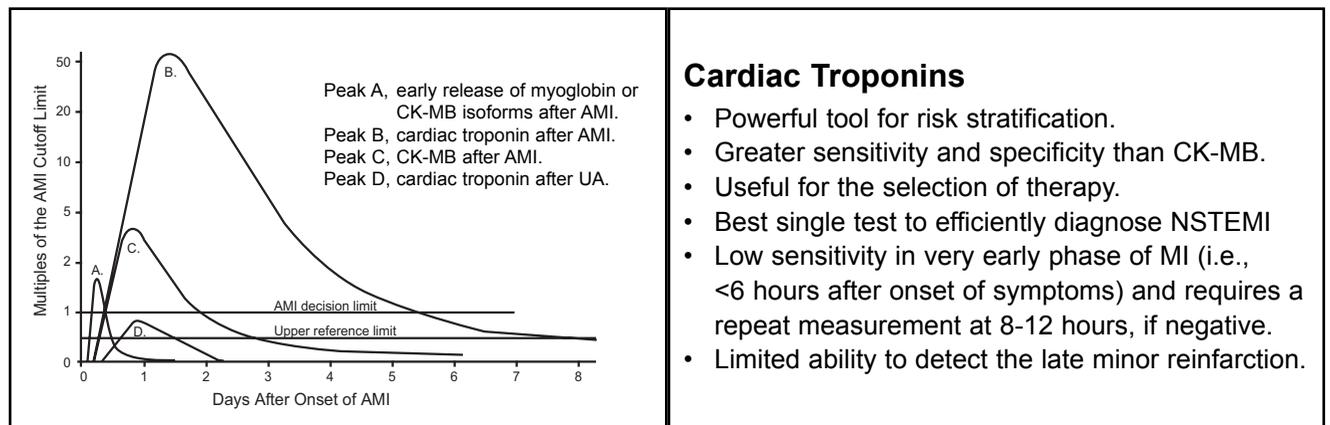
B2



For Initial Evaluation – CORE, Management of AMI, and Follow-Up of Patient with IHD, See Respective Pocket Guides

Short-Term Risk of Death or Non-Fatal MI in Patients with UA			
	High Risk	Intermediate Risk	Low Risk
Feature	At least 1 of the following features must be present.	No high-risk feature, but one of the following features must be present.	No high- or intermediate- risk feature, but any of the following features may be present.
History	<ul style="list-style-type: none"> Accelerating tempo of ischemic symptoms in the preceding 48 hours 	<ul style="list-style-type: none"> Prior MI, peripheral or cerebrovascular disease, or coronary artery bypass graft (CABG) Prior aspirin use 	
Character of Pain	<ul style="list-style-type: none"> Prolonged ongoing rest pain (>20 minutes) 	<ul style="list-style-type: none"> Prolonged rest angina (>20 minutes), now resolved, with moderate or high likelihood of coronary artery disease (CAD) (see Table 6, Core Module) Rest angina (<20 minutes or relieved with rest or sublingual NTG) 	<ul style="list-style-type: none"> New-onset CCS Class III or IV angina in the past 2 weeks without prolonged rest pain (>20 minutes), but with moderate or high likelihood of CAD (see Table 6, Core Module)
Clinical Findings	<ul style="list-style-type: none"> Pulmonary edema, most likely related to ischemia New or worsening mitral regurgitation (MR) murmur S3 or new/worsening rales Hypotension, bradycardia, or tachycardia Age>75 years 	<ul style="list-style-type: none"> Age >70 years 	
ECG Findings	<ul style="list-style-type: none"> Dynamic ST-segment changes >0.05 mV BBB, new or presumed new Sustained ventricular tachycardia 	<ul style="list-style-type: none"> T-wave inversions >0.2 mV Pathological Q-waves 	<ul style="list-style-type: none"> Normal or unchanged ECG during an episode of chest discomfort
Cardiac Markers	<ul style="list-style-type: none"> Elevated (e.g., TnT or TnI >0.1 ng/mL) 	<ul style="list-style-type: none"> Slightly elevated (e.g., TnT >0.01, but <0.1 ng/mL) 	<ul style="list-style-type: none"> Normal

CARDIAC MARKERS IN BLOOD VS. TIME AFTER ONSET OF SYMPTOMS*



*Data are plotted on a relative scale, where 1.0 is set at the AMI cutoff concentration. (Adapted from ACC/AHA 2002)