

Guidelines for Effective Management of Non ST-Elevation MI

Patients With Non ST-Segment Elevation Myocardial Infarction (NSTEMI) With and Without PCI.
Adapted, updated, and based upon ACC/AHA Recommendations (September, 2000) for UA/NSTEMI and ACC/AHA 1999 MI Guidelines.

CHEST PAIN TRIAGE

Original Guidelines Developed by Kurt Kleinschmidt, MD, FACEP for *Emergency Medicine Reports* (November 2000)

*Acute Coronary Syndrome (ACS): Pharmacotherapeutic Interventions For UA/NSTEMI—An Evidence-Based Review And Outcomes—Optimizing Guidelines For ACS Patients With And Without Procedural Coronary Intervention (PCI)

TRIAGE ASSESSMENT

- Pain Description • Age • Sex • CAD Hx
- Cocaine • Risk Factors for CAD

Non-Ischemic
Non-Cardiac

Evaluate and Treat Suspected Etiology

Possible or Definite ACS

No ECG Change or Normal ECG

RISK STRATIFY

ST-Segment Elevation or New or Presumably New Bundle Branch Block

12-LEAD ECG WITHIN 10 MINUTES

- Intravenous access
- Oxygen
- Continuous ECG monitor
- Aspirin (alternative: clopidogrel for aspirin intolerant patients)
- Consider
 - Cardiac markers
 - Beta-blockers
 - Nitroglycerin
 - Morphine sulfate

New ST-Segment Depression or T-wave Inversion
Initial Cardiac Enzymes Elevated

Treat with:

- Beta-blockers
- Enoxaparin
- Nitroglycerin
- Morphine sulfate

Dominant Strategy: Recommend early cardiac catheterization (< 48 hours) and clopidogrel pretreatment

Alternative Strategy: Medical management consider tirofiban or eptifibatid; or consider clopidogrel

Abnormal

Normal

Procedural Coronary Intervention—GP IIb/IIIa Inhibitor Recommended
Abciximab (preferred GP IIb/IIIa); or consider tirofiban (alternative)

Discharge and follow-up as needed

Hospital Course Becomes Complicated

- Recurrent chest pain
- Hemo instability
- New ECG change
- CHF
- Dysrhythmias

YES

NO

Assess LV Function

< 40%

Stress Test

Abnormal

Normal

Medical Therapy Discharge

