Suspected ACS Protocol

Name Date

aeno

Patient presents with chest pain of uncertain aetiology

- Rapid assessment for any life-threatening cause (ABCDE)
- Consider- Aortic Dissection, Pneumothorax or PE
- ACS – ECG recorded and assessed by clinician within 10 min of registration.
- Follow this protocol if ECG changes present or cardiac pain suspected
- Ask for senior help early if you have concerns

Non-diagnostic ECG
Risk stratify and send baseline TnT

Diagnostic ECG ☐

- **IF ST ELEVATION PROMPT REFERRAL FOR PPCI**
- ST changes- elevation or depression
- Dynamic changes/T wave changes
- New LBBB

OR

- New onset rest pain suggestive of angina

ADMIT CARDIOLOGY

Suspected ACS **Score (1 for each)**

Rapid increase in previously stable angina ☐

New onset exertional pain resulting in reduced ET BUT No rest/prolonged pain ☐

Pain lasting longer than 15 min ☐

Pain increasing in frequency over short period of time (days or weeks)/rapid onset of symptoms ☐

Cardiac history with pain similar to previous MI/angina ☐

Typical pain with previous revascularisation ☐

Pain associated with nausea/SOB/sweating ☐

Score ≥ 2
Discuss with ED SpR/Cons or CPNurse re suitability for panels or referral to Cardiology

OUT OF HOURS
≥ 2 refer to Cardiology (to be discussed with senior)
Pt must have TnT/panels +/- RACPC if for discharge

Score ≤1 (Low risk for ACS)
+ Pain onset >/= 12 hrs send Lab TnT ☐
Pain onset < 12 hours or intermittent 2 cardiac panels ☐

- TnI/CKMB elevated admit Cardiology
- Observe for significant rise of myo/CKMB in early presenters – discuss significance with SpR/Cons/CPNurse