Admission Medications – Intermediate Risk ACS Patients
• Apixaban 150-300 mg daily
• Clopiderg 1 mg every 12 hrs for 48 hrs in people with normal renal function
• GTN-BP = 100 mg/m² continuous administration via a syringe driver 5 micrograms/min increments, max 20 µg/min.

For non-going or recurrent chest pain:
• Repeat ECG (up to 15 minutes until chest pain relieved)
• Compare serial ECGs to identify potential ischemic changes
• If required, consult Cardiologist for assistance phone 08 8378 1133

Admission Medications – High Risk ACS Patients
• Apixaban 150-300 mg daily
• GTN-BP = 100 mg/m² continuous administration via a syringe driver 5 micrograms/min increments, max 20 µg/min.

For non-going or recurrent chest pain:
• Repeat ECG (up to 15 minutes until chest pain relieved)
• Compare serial ECGs to identify potential ischemic changes
• If required, consult Cardiologist for assistance phone 08 8378 1133

Provision of Nitroglycerin
• Sublingual GTN PRN single loading dose of 300 mg

Admission Medications – Non-ST Elevation Protocol
• Recent acceleration of anginal pattern
• ECG changes-new ST segment or T wave change

Sudden Hypotension
• BP < 90 mmHg, cool peripheries
• Syncope
• New or persistent ECG changes of ST segment depression greater than or equal to 0.5 mm in 2 or more contiguous leads
• Sustained ventricular tachycardia
• Syncope
• Nonspecific or indeterminate ECG changes

ST Elevation MI Protocol
• Aspirin 150 mg
• Clopiderg 300 mg loading dose then 75 mg daily

For non-going or recurrent chest pain:
• Repeat ECG (up to 15 minutes until chest pain relieved)
• Electrocardiogram

If the pain has not settled:
• Aspirin 150-300 mg daily
• Clopiderg 300 mg loading dose then 75 mg daily

If the pain has settled:
• Aspirin 150-300 mg daily
• Clopiderg 300 mg loading dose then 75 mg daily

Complications
• Failed reperfusion
• Significant co-morbidity
• Severe vasc. access

Retrieval ICANet (08 8378 1133)/ MedSTAR (13 78 27) conference call

Medical Transport (FRPS/SAAS)
• ASAP
• Reta Blokkers, UTAP Patch

Re-infarction
• Recurrent chest pain and/or
• ECG changes >4 h post admission and/or
• <14 days since last positive RTropT

Time 0, 6, 12 hr, CKMB

All patients should have access to, and be actively referred to, comprehensive ongoing prevention and cardiac rehabilitation services