

ABCDE ASSESSMENT

MANAGEMENT

- Oxygen aiming Sats 94-98% (consider 88-92% if CO₂ retainer)

INVESTIGATE / MONITOR

- Full set observations
- 12 Lead ECG
- Cardiac Monitoring
- IV Access

ANY ADVERSE FEATURES

- Shock
- Syncope
- Heart Failure

NO

YES

ASPIRIN 300mg
PO STAT

GTN 1-2 puffs 400-800mcg
SL STAT

Repeat every 5 minutes as required
(use with caution if SBP <90mmHg)

CALL FOR HELP
GET CRASH TROLLEY

+/- MORPHINE 1-10mg IV if pain
+/- METOCLOPRAMIDE 10mg IV
(check for contraindication)

CALL SENIOR

12 LEAD
ECG

NO ST ELEVATION

ST ELEVATION*
(see section below)

2nd ANTI-PLATELET
See Local Guidelines

-examples-
Ticagrelor 180mg
Prasugrel 60mg
Clopidogrel 300mg

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ANTI-COAGULANT
See Local Guidelines

-examples-
ENOXAPARIN 1mg/kg BD SC
FONDAPARINUX 2.5mg OD SC

DISCUSS WITH CARDIOLOGY
REGARDING POTENTIAL PCI

SPECIAL CONSIDERATIONS

+ve ST Elevation:

- ST elevation in 2 or more contiguous leads:
 - >2mm V1-6
 - >1mm in other leads
 - LBBB with clinical presentation suggesting myocardial infarction

SGARBOSSA CRITERIA

Diagnosing myocardial ischaemia in patients with LBBB
Specific but not sensitive for myocardial infarction

Concordant ST elevation >1mm in leads with positive QRS complex

+5

Concordant ST depression >1mm in V1-3

+3

Excessively discordant ST elevation >5mm in leads with a negative QRS complex

+2



Concordant ST Elevation
>1mm

Excessively Discordant
ST Elevation >5mm

Concordant ST
Depression >1mm in V1-3

Score ≥ 3
90% specificity for MI

New LBBB is always
pathological