13. NSTEMI/Unstable Angina Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

ST depression > 0.5mm or dynamic T-wave inversion ≥ 2mm; strongly suspicious for ischemia
High-Risk Unstable Angina/Non-ST-Elevation MI (UA/NSTEMI)

Normal or Non-diagnostic changes in ST segment or T wave
Intermediate/Low Risk UA

- Establish IV access and send blood samples for UEC, & hsTroponin T (obtain hsTroponin T at least 4 hours after symptom onset, not before)
- . Aspirin 300mg to chew (if not given by EMS, not allergic, no active upper GI bleeding or retinal bleeding, not a haemophiliac)
- Nitroglycerin sublingual spray 0.4mg SL for pain relief every 5mins up to relief of discomfort or MAX 3 doses reached. DO NOT give nitroglycerin if:
 - SBP < 90mmHg (or 30 mm Hg below the patient's known baseline),
 - Heart rate > 100 bpm, or < 50 bpm.
 - Right ventricular infarction (right ventricular infarction causes a preload dependent state)
 - Use of sildenafil or vardenafil within the previous 24 hours or tadalafil within the previous 48 hours.
- Fentanyl 50µg IV if pain is NOT relieved by the 3 doses of SL nitroglycerin. Repeat once if still in pain after 5 mins. For persistent
 pain, consult a Cardiologist/Physician. Consider IVI nitroglycerin (see C/I above)
- Consider CXR



