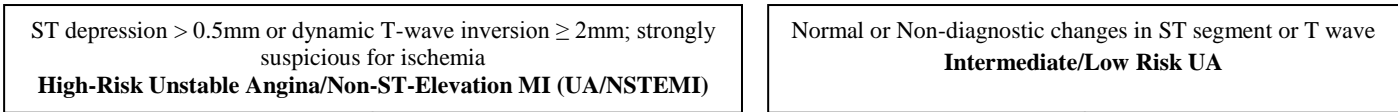


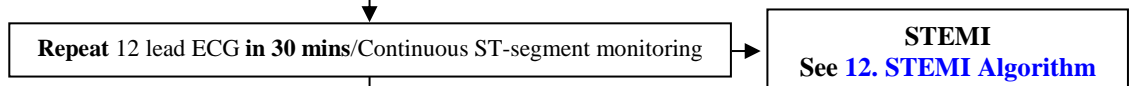
13. NSTEMI/Unstable Angina Algorithm

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.



- Establish IV access and send blood samples for **UEC, & hsTroponin T**
- **Aspirin 300mg** to chew (if not given by EMS, Not Allergic, No active Upper GI Bleeding or Retinal bleeding, not a haemophiliac, No severe untreated BPs)
- **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)**

TIMI Risk factors Note: Each of the listed risk factors is worth 1 point (range 0-7 points).	TIMI Risk Score	All-Cause Mortality, New or Recurrent MI, or Severe Recurrent Ischemia Requiring Urgent Revascularization Through 14 d After Randomization, %
Age greater than 65 years	0-1	4.7
At least 3 risk factors for coronary artery disease (including family history of the disease, hypertension, hypercholesterolemia, diabetes mellitus, and current tobacco use)	2	8.3
Significant coronary stenosis (prior known coronary stenosis ≥ 50%)	3	13.2
ST-Segment deviation	4	19.9
Severe anginal symptoms (≥ 2 anginal events in the previous 24 hours)	5	26.2
Use of aspirin in the previous 7 days	6-7	40.9
Elevated serum cardiac marker levels (hsTrop T)		



hsTroponin T > 14ng/L OR TIMI score ≥ 3 points OR ST depression OR Dynamic ECG changes

Yes

Consult a Cardiologist/Physician

hsTroponin T ≥ 14ng/L

No

If Troponin done < **4 hours** from symptom onset, then repeat Troponin at **3 hours** from admission to ER

hsTroponin T < 14ng/L

If no evidence of ischaemia or infarction by testing, can discharge ± cardiology follow-up

Criteria for Discharge (must meet ALL the criteria)

- Two ECGs which are Normal and No ST Depression and No Dynamic changes
- **hsTroponin T < 14ng/L** at ≥ **4 hours** from onset of symptoms **OR** 3 hours from admission to ER