

# Acute Coronary Syndrome

## HISTORY

- Chest/arm/jaw pain
- Exertional component
- Risk factors: known CAD, age, smoking, DM, family hx

### Very Low risk

Discharge

### Low risk

EKG and troponins

Negative work up

Discharge  
Outpatient stress test

### Intermediate/high risk

Observe/admit

EKG and troponins

## Treatment

- Therapeutic Heparin or Lovenox
- Angiogram with PCI or tPA
- DAPT (Aspirin, Plavix) – even without PCI. Use Plavix after need for CABG is rule out.
- Other meds: MONA – BASH
  - ACE-I / ARB
  - Nitrate
  - Beta-Blocker
  - Morphine
  - O2
  - Statin (for secondary prevention)

## Cardiologist's Mindset

### Define baseline and function

- Coronary angiogram (PCI of culprit lesion)
- Echocardiogram (identify ischemic regions)

## CABG

### Indications for CABG:

- Triple Vessel Disease
- Left main disease
- Anatomical abnormality (poor PCI candidate)