Clinical Standard-Acute Coronary Syndromes

Acute Coronary Syndromes (Page 1)	**EMERGENCY DEPT (0-2 HOURS)** ED TRIAGE TIME:_____
CONSULTS	Cardiology Service Resident
ASSESSMENT	Diagnosis and triage of chest pain EKG-Normal (Consider Observation Unit, see that protocol) EKG changes with: - ST elevation (For thrombolytics see Acute MI protocol) - ST depression - T wave inversion - Increased CK-MB, Troponin-I Evaluate preliminary laboratory tests Pulse oximeter Cardiac monitoring Vital signs every 15 min x 3, then as per provider, at least q4h. - Assess response to medical therapy - Consider for emergency cardiac catheterization
TESTS	- EKG (20 minutes of "door time") - CXR - SMA 7, - CPK, CK/MB and/or Troponin-I - CBC - PT, PTT (Other tests for co-morbid conditions)
TREATMENT	- IV KO - 02 nasal canula
MEDICATIONS ROUTINE	- ASA 325 po x 1 - Consider Nitrates Beta Blockers PRN Analagesic PRN ACE inhibitors
HEPARIN	- For suspected unstable angina - Heparin 18u/Kg/hr, with bolus 80 u/Kg with INTEGRILIN 12u/kg/hr Target APTT 50-70 sec - ***or*** Enoxiparin 1 mg/Kg sq bid
INTEGRILIN	With Ischemic EKG Changes despite above therapy - Bolus INTEGRILIN 180 pg/kg - followed by 2 pg/kg/min until Cardiac cath or up to 96 hours. - ***(Dosing Integrilin HYPERLINK).***