1. Acute Coronary Syndromes Therapy

Acute Diagnostics:

1. EKG (If acute changes also at 1 and 3 hours after admission)
2. Chest x-ray
3. CBC
4. Chem-7
5. Cardiac Monitoring
6. Serial Troponin, (0, 6, +/-12 hrs)
7. Lipid Panel
8. Consider BNP Level

Acute Therapies:

1. Aspirin 325 mg qd
2. Oxygen: Nasal Canula
3. Metoprolol 5 mg IV x 3, to control Heart Rate (60 to 70 bpm if possible)
4. Atenolol or Metoprolol po
5. If Lipids elevated start statin
6. NTG sublingual PRN

With EKG Changes, Positive Troponin or Possible Critical Disease:

1. a. LMWH is Preferred: Enoxaparin (LOVENOX) 30 mg IV followed by 1 mg/kg sq q12h
   b. Heparin bolus 60-80u/Kg IV, then 12-18 mg/kg/ hr
   c. Pentasaccharide: Fondaparinux (ARIXTRA) 2.5 mg sq qd

2. a. Eptifibatide (INTEGRILIN) (Wt adjusted if > 121 kg) 180 μg/kg bolus, then 2 μg/kg/min
   (Consider another 180 μg/kg bolus given during percutaneous revascularization.
   b. Abciximab (ReoPro) 0.25 mg/kg bolus followed by 0.125 ug/kg/hr x 12 hrs

3. Nitroglycerin IV start at about 10 mcg/min or Nitropaste ½ to 2 " q6h

Diagnostics:

1. Functional assessment-Exercise stress or pharmacologic stress test
   Those with very poor functional may just assess for activities of daily living on ward.
2. (and/or) Coronary Angiography.
3. Consider Echocardiogram.

Before Discharge in those with Coronary Disease: AABBCCDEFGHI

Risk Factor Modification Handout

A-Aspirin 81 mg qd	D-Diet (Low Carbohydrate)
A-ACE Inhibitor	E-Exercise
B-Beta blockers	F-Folate and other vitamins
B-Bupropion (as needed)	G-Glucose Control
C-Cholesterol Statin	H-HDL Niacin
C-Clopidogrel 75 mg ~ 3-9 mo?	I-Ischemic Symptoms