ACS guidance

For advice on how to manage patients with acute coronary syndrome

STEMI/Primary PCI

Antiplatelets therapy:

Loading doses: Aspirin 300mg and Prasugrel 60mg (if not done already, usually this gets done by spr or ED prior to going to cath lab.)

Post cath lab (STEMI/PPCI): Aspirin 75mg OD and prasugrel 10mg OD for 12 months or 5mg OD if age >75 yrs and/or body weight <60 kg.

Note: Prasugrel and Ticagrelor are not to be combined with an anti-coagulant i.e., Warfarin/DOAC due to potentially increased risk of bleeding. Hence, when a patient is already on /will need an anti-coagulant, the second anti-platelet of choice is Clopidogrel for STEMI and other ACS patients. The dose of which would be clopidogrel 75mg OD

NICE GUIDANCE - STEMI EARLY MANAGEMENT

NSTEMI/Unstable Angina

Antiplatelets therapy:

Loading doses: aspirin 300mg + ticagrelor 180mg od

Maintenance doses: Aspirin 75mg OD + Ticagrelor 90mg bd for 12 months

Note: Ticagrelor is commenced only by cardiology team after review (usually on advice of Spr and above.) Loading dose of Ticagrelor should be given even when a patient has already received loading dose of Clopidogrel on MAU/ED. Previous intracranial bleed, any active bleeding, moderate/severe liver failure, on HIV drugs would be absolute contraindications for Ticagrelor.

NICE GUIDANCE - NSTEMI AND UNSTABLE ANGUNA EARLY MANAGEMENT

Antithrombotic therapy:

Fondaparinux, 2.5mg S/C for 3 days in patients without any contraindications. It can be stopped earlier in those who have been treated in cath lab via PCI.

In those already on Warfarin/DOAC and awaiting invasive angiogram, stop Warfarin/DOAC; commence on Aspirin and Clopidogrel and treatment dose Enoxaparin. Enoxaparin is used **instead of** Fondaparinux for this group of patients.

Should a patient always be loaded with DAPT if they are already on low dose antiplatelet therapy?

Yes, generally. If on low dose aspirin, will usually need re-loading prior to cath lab (in case they've missed any of their usual doses pre-hospitalisation), but aspirin loading is usually done by paramedics or ED. Always check with the consultant during the WR when the plan is made.

Do you know what test results to check for in preparation for your patient being ready for cath lab and are you aware of which cannula size, a patient should have and where it needs to be sited for an angiogram?

It is helpful to know Troponin, eGFR, INR, platelets and Hb. Patients need a green cannula usually in the left ACF.

Should you routinely check the consent form for a patient going to cath lab?

Yes, to ensure it has been completed, but completion is the responsibility of the registrar/consultant when the plan is made. SHOs are not expected to complete the consent forms.

ACS Checklist

- If LHC +/- PCI is indicated ensure the patient is listed on BlueSpier
- Ensure the patient is adequately loaded with Anti-platelets
- Routine bloods including troponin, eGFR, Hb, Platelets and INR are available
- Cannula insitu (Preferably in Left ACF)
- Consent form signed and present in the notes