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Acute Coronary Syndrome Algorithm Review

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This is probably the most complex algorithm.

It is similar to the Stroke Algorithm, in that the goal is to provide an organized algorithm to decrease the time it takes to recognize ischemic (or suspected ischemia) patients. There are EMS pre-hospital pieces and emergency department pieces. All ACLS healthcare providers should be familiar with the basics of identifying, treating and transporting ischemic patients.

All suspected ischemic patients should receive oxygen and aspirin, unless they have a documented hypersensitivity, a real allergy to aspirin. Nitroglycerin is for ongoing symptoms and then Morphine if the nitroglycerin fails to relieve the symptoms. Remember, not all ischemic symptoms are associated with actual chest pain, especially in the elderly and diabetics. There is discussion in the medical literature, demonstrating no obvious increase in survival or outcome by giving the patient oxygen – IF THEY ARE NOT HYPOXIC. If they are hypoxic, of course you should provide supplemental oxygen. This is controversial and the official recommendation is still to put them all on oxygen by nasal canula.

Be careful in patients suspected of having inferior ischemia. They may be having a Right Ventricular Infarction, and nitroglycerin may dilate blood vessels, drop cardiac preload, and result in hypotension.

There are three basic types of patient categories. We have marked these in the first three horizontal boxes.

1. Patients obviously having an MI, left box,
2. Patients having ongoing unstable angina, middle box, and
3. Patients where you are not sure (the majority, actually, of what we see in the emergency department and clinic). Right hand box. You are suspicious, based on history, physical examination or atypical symptoms. Note: we recommend these patients should receive more than one ECG over time.

There are specific criteria for all these categories in the *Handbook for ECC Healthcare Providers*, published by the American Heart Association, in an easy to access table format. You can easily purchase this small information booklet on our website from Amazon.com, or directly from AHA.

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The basic, main goal of the algorithm is to provide risk stratification and treatment strategies for ischemic patients.

ALL patients with ST Segment Myocardial infarction (STEMI) need “reperfusion therapy”. That means Thrombolytic medication, Cardiac Catheterization, or Surgery with Coronary Artery Bypass Grafting. These decisions should be made with “expert consultation” – that is, you need to call the cardiologist right away.

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