



<p>Team Name: Critical Care and Medicine</p> <p>Team Lead: Director, Health Services – Acute Community Hospitals</p> <p>Approved by: Regional Lead – Acute Care & Chief Nursing Officer</p>	<p>Reference Number: CLI.4510.SG.006</p> <p>Program Area: Across Hospital Units</p> <p>Policy Section: General</p>
<p>Issue Date: October 26, 2015</p> <p>Review Date:</p> <p>Revision Date: January 19, 2024</p>	<p>Subject: Acute Coronary Syndrome</p>

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

STANDARD GUIDELINE SUBJECT:

Acute Coronary Syndrome

PURPOSE:

To provide an evidenced-based, standardized approach to the assessment and management of patients experiencing an Acute Coronary Syndrome (ACS) episode.

DEFINITIONS:

Acute Coronary Syndrome - a range of acute myocardial ischemic states due to athero-thrombosis and includes unstable angina (UA), non-ST segment elevation myocardial infarction (NSTEMI) and ST-segment elevation infarction (STEMI).

IMPORTANT POINTS TO CONSIDER:

Care of patients with ACS is multi-phasic, from initial assessment to discharge. Initial responses to patients presenting with signs and symptoms of ACS are time-sensitive and focus on:

- Early differential diagnosis;
- Symptom management;
- Immediate transfer to St. Boniface Hospital (SBH) cardiac cath lab of patients with STEMI and eligible for primary percutaneous coronary intervention (PCI);
- Timely fibrinolysis and adjunctive therapy for patients with STEMI not eligible for primary PCI; and
- Early risk stratification for patients with NSTEMI and/or unstable angina.

PROCEDURE:

1. Triage/assess patients with suspected ACS rapidly to identify life threatening emergencies.
 - Chest pain with cardiac features is a CTAS 2. Use all modifiers to determine if CTAS level is more acute.
 - For all patients, consider Health Care Directive and/or Advanced Care Plan status.
 - If ACS is suspected, proceed to Acute Coronary Syndrome (ACS) Suspected Standard Orders CLI.4510.SG.006.FORM.01.
 - Prioritize 12 lead ECG from triage
 - Stat 12/15 Lead ECG performed and read within 10 minutes of patient arrival to Emergency Department.
 - Nurse may complete bedside 12 lead ECG if lab unavailable or not on site. Refer to Zoll 12/15 Lead Self Learning package on the HPS Self Learning Resources.
 - Continue documenting on the Acute Coronary Syndrome (ACS) Suspected Standard Orders.
 - Indicate on the triage form to see the Acute Coronary Syndrome (ACS) Suspected Standard Orders for further assessments, interventions, and documentation.
2. For patients diagnosed with a STEMI, proceed with Acute STEMI Reperfusion Standard Orders CLI.4510.SG.006.FORM.02.
 - Determine if the patient meets criteria/indications for primary Percutaneous Coronary Intervention (PCI):
 - Patient arrival to SBH WITHIN 100 minutes from first medical contact OR
 - Patient arrival to SBH GREATER THAN 100 minutes AND:
 - Cocaine /methamphetamine Use, Diagnosis of STEMI in doubt (e.g. LVH with strain, pericarditis), Contraindications to fibrinolytics or Recurrent VF/VT or cardiogenic shock or Pulmonary edema
 - If patient is not a candidate for primary PCI, determine if patient is a candidate for fibrinolysis.
 - Review contraindications for fibrinolysis
 - For patients over 149 Kg who have been treated with Tenecteplase (TNK), discuss the use of unfractionated heparin with Cardiologist. If recommended, administer as per Heparin Infusion Standard Orders – Acute Coronary Syndrome CLI.4510.SG.006.FORM.08
3. For patients who are diagnosed with either NSTEMI or UA, proceed with NSTEMI/Unstable Angina Standard Orders CLI.4510.SG.006.FORM.03
 - These standard orders apply to patients who are in the emergency department and continue onto the inpatient unit UNLESS the primary care provider discontinues these orders or the patient was admitted to St. Boniface Hospital post PCI and then repatriated.
 - Use the Prescriber Order Sheet CLI.4510.PR.002.FORM.13 for any additional orders.
4. Prescriber:
 - Arrange for immediate transfer of patients with STEMI eligible for primary PCI.
 - Arrange for immediate transfer of patients with STEMI post-Tenecteplase (TNK).
 - If STEMI diagnosis UNCERTAIN, call local specialist or St. Boniface Hospital Paging at 204-237-2053 and ask for the Outside Call Cardiologist to discuss the case.

- If STEMI diagnosis CERTAIN proceed with STEMI reperfusion and page code STEMI doctor at 204-237-2053 to facilitate transfer.
- 5. Support transfer of patients eligible for primary PCI to SBH.
- 6. For patients who are repatriated and discharged from a Southern Health-Santé Sud site, complete Cardiac Care Patient Teaching Record CLI.4510.SG.006.FORM.07 and refer to a cardiac rehabilitation program.
- 7. Evaluation:
 - Complete bi-annual chart audits for each section of the ACS care map using:
 - Acute Coronary Syndrome Suspected Standard Orders Chart Audit CLI.4510.SG.006.FORM.04
 - Acute STEMI Reperfusion Standard Orders Chart Audit CLI.4510.SG.006.FORM.05.
 - NSTEMI/Unstable Angina Standard Orders Chart Audit CLI.4510.SG.006.FORM.06.
 - Review audit results to inform quality improvement plans.
 - Forward a copy of audit results to the Regional Critical Care Team Lead.

SUPPORTING DOCUMENTS:

- [CLI.4510.SG.006.FORM.01](#) Acute Coronary Syndrome (ACS) Suspected Standard Orders
- [CLI.4510.SG.006.FORM.02](#) Acute STEMI Reperfusion Standard Orders
- [CLI.4510.SG.006.FORM.03](#) NSTEMI/Unstable Angina Standard Orders
- [CLI.4510.SG.006.FORM.04](#) Acute Coronary Syndrome Suspected Standard Orders Chart Audit
- [CLI.4510.SG.006.FORM.05](#) Acute STEMI Reperfusion Standard Orders Chart Audit
- [CLI.4510.SG.006.FORM.06](#) NSTEMI/Unstable Angina Standard Orders Chart Audit
- [CLI.4510.SG.006.FORM.07](#) Cardiac Care Patient's Teaching Record
- [CLI.4510.SG.006.FORM.08](#) Heparin Infusion Standard Orders – Acute Coronary Syndrome
- [CLI.4510.PR.002.FORM.13](#) Prescriber Order Sheet

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