

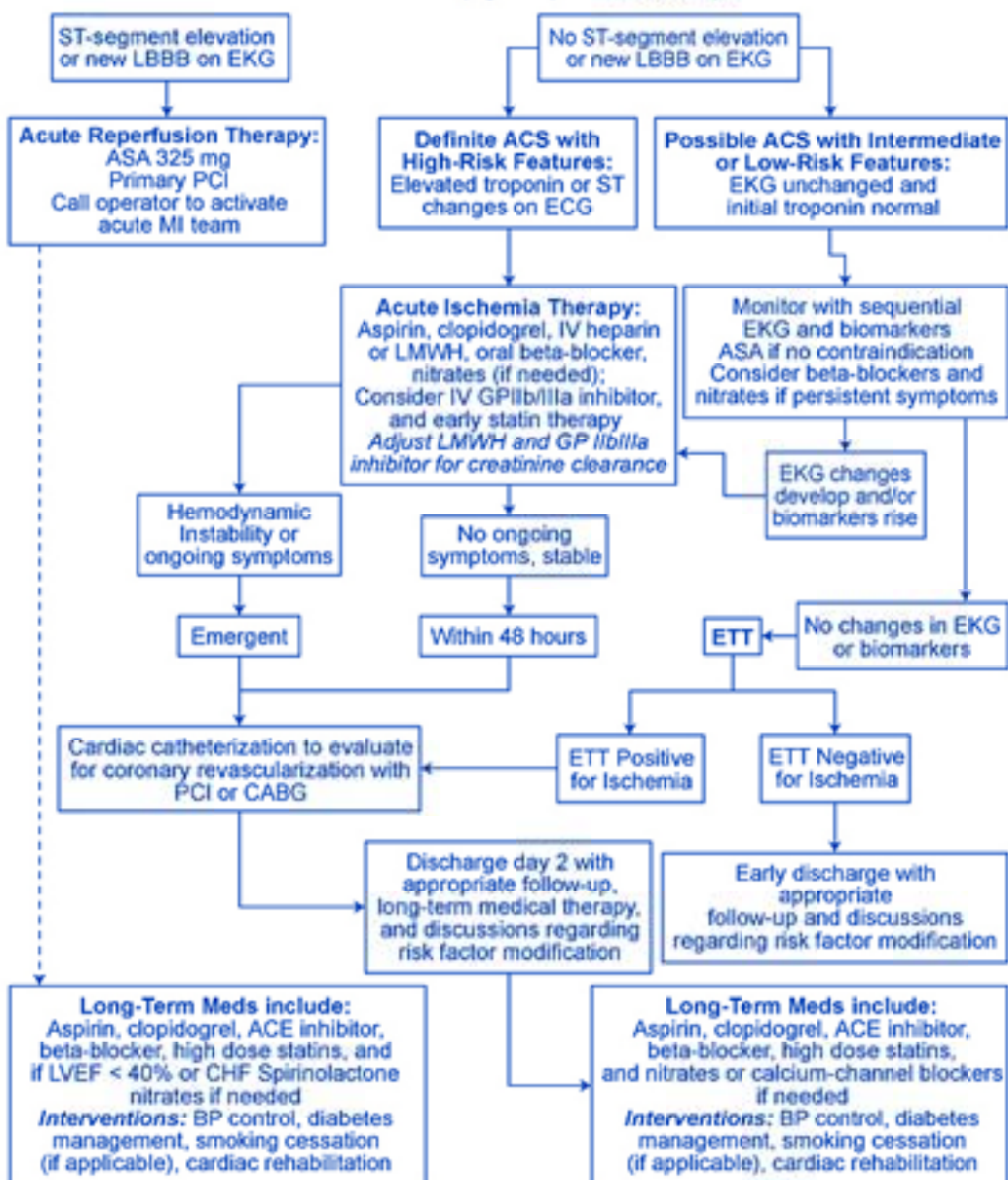
CARDIOVASCULAR CENTER POCKET GUIDE

Acute Coronary Syndrome

Critical Pathways

Suspected ACS in Emergency Department

History, Physical Examination, EKG (Performed within 10 minutes),
Cardiac Biomarkers (eg. Troponin, CK-MB), ECG



High, Intermediate and Low-Risk Factors in Patients with Suspected ACS

	High	Intermediate	Low
History	Ongoing chest or left arm pain Sx as in prior angina Known history of CAD	Chest or left arm pain; age > 70 yr Male sex; DM	Sx w/o intermediate likelihood characteristics; recent cocaine
Exam	Transient MR, Hypotension, Diaphoresis, Pulmonary edema, or Rales	Extracardiac vascular disease	Chest pain reproduced by palpation
ECG	New transient ST-seg deviation or T-wave inversion with symptoms	Fixed Q waves or Abnormal ST-seg or T-waves not documented as new	T-wave flattening or inversion in leads w/dominant R waves Normal ECG
Cardiac Markers	Elevated	Normal	Normal

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Reference: Anderson ACC/AHA 2007 guidelines for the management of patients with unstable angina/NSTEMI *J Am Coll Cardiol*, 2007; 50:1-157. doi:10.1016/j.jacc.2007.02.013 REV: 2008; ACS

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