

Management of ACS

ASA (Aspirin: 160-325 mg followed by 80-325 mg/day

Clopidogrel: 300mg followed by 75 mg/day

Clopidogrel-Post-stent: 300mg followed by 75 mg/day

Heparin¹: Enoxaparin 1 mg/kg SC Q12H

GP IIB/IIIA Inhibitor: eptifibitide² or tirofiban⁴

GP IIB/IIIA Inhibitor-PCI anticipated or STE with pain:eptifibitide³or abciximab⁵

Beta Blocker

ACE inhibitor^{6,7} (do not compromise anti-ischaemic therapy)

Statin⁸

Observe for spontaneous ischaemia

Early GXT within 48 hours

Myocardial perfusion scan

Cardiac cath referral – Initial 24 hours

Cardiac cath referral – In-hospital: Early invasive strategy

Cardiac cath referral – Early conservative

| Low Risk | Med Risk | High Risk | Very High Risk |
|----------|----------|-----------|----------------|
| ✓ | ✓ | ✓ | ✓ |
| | ± | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ |
| | ✓ or UFH | ✓ | ✓ or UFH |
| | | | ✓ |
| ✓ | ✓ | | ✓ |
| ✓* | ✓ | | ✓ |
| ✓* | ✓ | ✓ | ✓ |
| ✓* | ✓ | ✓ | ✓ |
| | ✓ | | |
| ✓ | ✓ | | |
| | and/or | | |
| | | | ✓ |
| | | ✓ | ✓ |
| ✓ | ✓ | | |

1 Enoxaparin (Lovenox ®) superior to UFH

2 Eptifibitide (Integrilin ®): 135 µg/kg bolus → 1.25 µg/kg/min X 48-72 hours

3 Eptifibitide (Integrilin ®): 180 µg/kg bolus + repeat 180 µg/kg bolus in 1 minutes → 2.0 µg/kg/min X 18-24 hours

4 Tirofiban (Aggrastat ®): 0.4 µg/kg/min X 30 minutes 0.1 µg/kg/min X 48-72 hours

5 Abciximab (ReoPro ®): 0.25 mg/kg bolus → 0.125 µg/kg/min (max 10 µg/kg) X 12 hours

6 In setting of LV dysfunction: S3, rales, radiologic congestion EF < 40% → captopril, enalapril, lisinopril, ramipril, trandolapril

7 In setting of CAD without LV dysfunction and/or CHF → ramipril

8 In setting of ACS → atorvastatin. In setting of post-ACS pravastatin or simvastatin. Dose strategy: Target LDL < 2.5 mmol/L or use atorvastatin 80 mg (MIRACL); simvastatin 40 mg (4S, HPS); pravastatin 40 mg (CARE/LIPID)