1. Patient presents to ED with symptoms concerning for cardiac ischemia, including syncope and adult new onset seizure.
   A. ECG obtained and presented to ED attending within 15 minutes of triage.

2. Acute MI pathway
   A. ECG with ST segment elevation or new left bundle branch block (if not present skip to section 3)
   B. Obtain IV access/ place patient on monitor/ oxygen 2 liters via nasal cannula
   C. ED attending calls AMAC to activate “MI Team”
   D. Medical therapy
      • ASA 4 baby (81mg) PO (if allergy substitute clopidogrel 300mg PO)
      • Metoprolol 5 mg IV Q 5 minutes X 3
      • Heparin 60 unit/kg IV bolus then 12 unit/kg/hr drip
      • NTG (0.4mg SL Q 5 minutes or via IV drip) as needed for ischemic discomfort
      • If door to balloon time estimated at > 2 hours
         Fibrinolysis
         • Reteplase 10 U IV over 2 minutes (door to drug goal < 1 hr)

3. Acute Coronary Syndrome Pathway
   A. Risk stratify by Goldman Criteria
      • ECG evidence of myocardial ischemia
         • >= 1mm ST depression in 2 or more leads (new or not known to be old)
         • T wave inversions in 2 or more leads (new or not known to be old)
      • Systolic BP < 110mm Hg
      • Crackles above the bases
      • Known unstable ischemic heart disease (by the following criteria)
         • Worsening of previously stable angina
         • Post infarction angina or angina after CABG/PTCA
         • Pain same as with previous MI
If any of the above risk factors are present, patient is to be admitted to cardiac telemetry. Proceed to section 4 for risk adjusted treatment regimen.

If no Goldman risk factors present but patient has a concurrent medical issue that mandates admission, patient is to be admitted to medical telemetry. Proceed to section 4 for risk adjusted treatment regimen.

All other patients should be admitted to the Chest Pain Unit for further evaluation. Proceed to section 4 for risk adjusted treatment regimen.

4. Risk adjusted treatment recommendations.
   A. Calculate TIMI Risk Score
      • Age > 65
      • Prior coronary artery stenosis > 50%
      • 3 or more CAD risk factors (HTN, hypercholesterolemia, family history, diabetes mellitis, smoking)
      • Aspirin in last 7 days
      • > 2 anginal events in last 24 hours
      • ST deviation
      • Elevated biomarkers
      Each variable is assigned 1 point and summed for TIMI Risk score.

   B. TIMI Risk score is 0-2 (low risk)
      • ASA 4 baby (81mg) PO (if allergy substitute clopidogrel 300mg PO)
      • NTG (0.4mg SL Q 5 minutes or paste) as needed for ischemic discomfort
      • Consider Lovenox 1mg/ kg SQ

   C. TIMI Risk score 3-4 (moderate risk)
      • ASA 4 baby (81mg) PO (if allergy substitute clopidogrel 300mg PO)
      • Lovenox 1mg/kg SQ
      • Consider beta blocker (metoprolol 5mg IV x 3 or atenolol 50mg PO X 1)
      • NTG (0.4mg SL Q 5 minutes or paste) as needed for ischemic discomfort

   D. TIMI Risk score 5-7 (high risk)
      • ASA 4 baby (81mg) PO (if allergy substitute clopidogrel 300mg PO)
      • Lovenox 1mg/ kg SQ
      • Metoprolol 5mg IV x 3
      • NTG (0.4mg SL Q 5 minutes or paste) as needed for ischemic discomfort
- Consider Integrellin 180 mcg/kg bolus then 2mcg/kg/min IV drip

Patient presents with chest pain or chest pain equivalent including syncope and adult new-onset seizure

EKG in < 10 minutes

ST ELEVATION OR NEW LBBB

Goldman Risk Factors Present?

Yes

Cardiac Telemetry Admission

No

Other condition that mandates admission?

No

CPU Admission

Yes

Medical Tele Admission

Goldman Risk Stratification

Calculate TIMI Risk Score for risk adjusted treatment regimen

Low Risk (TIMI 0-2)
- ASA 325 mg
- NTG for ischemic pain
- Consider anticoagulation

Moderate Risk (TIMI 3-4)
- ASA 325 mg
- NTG for ischemic pain
- Lovenox 1mg/kg SQ
- Consider β-blocker

- IV ACCESS
- O2 & PULSE OXIMETRY
- CONT. EKG MONITORING
- ASA 4 baby
- NTG for ischemic pain
- Metoprolol 5 mg IV X 3
- UFH 60 U/kg bolus 12U/kg/hour

PCI available in < 2 hours?

Yes

PCI/ Mechanical reperfusion

Fibrinolysis
- Reteplase 10 U IV over 2 minutes
  (door to drug goal <