



## STEMI

ST Elevation Myocardial Infarction

Emergency referral to UHCW Primary PCI service via **02476 965 011**

Cardiac monitoring through defibrillator pads

Emergency Transfer to UHCW RESUS

**DO NOT DELAY** for further investigation or treatment

### Administer unless contraindicated:

- ✓ Aspirin 300mg PO STAT
- ✓ Ticagrelor 180mg PO STAT
- ✓ GTN 400µg SL STAT + PRN
- ✓ Morphine 5-10mg IV +/- anti-emetic as required

## NSTEMI-ACS

Non-ST Elevation Acute Coronary Syndrome  
NSTEMI and Unstable Angina (UA)

Cardiac monitoring for minimum of 24 hours

If non-resolving chest pain or physiological instability, record serial ECGs every 15 minutes and refer urgently:

- **Mon–Fri 08:00–18:00:** bleep Cardiology **2134**
- **Outside of these hours:** contact UHCW Cardiology SpR or NP via **02476 964 000** then **2119 / 1302**

### Administer unless contraindicated:

- ✓ Aspirin 300mg PO STAT (unless already given) then 75mg OD
  - ✓ Fondaparinux 2.5mg SC STAT then 2.5mg OD for 72 hours
  - DO NOT** administer Fondaparinux if:
    - CrCl < 20 mL/min or Creatinine > 265 µg/L – consider IV UFH
    - Patient already taking therapeutic anticoagulation – see [full NSTEMI-ACS guideline](#) on switching anticoagulants
  - ✓ GTN 400µg SL STAT + PRN
  - ✓ Morphine 5-10mg IV +/- anti-emetic as required
- ⚠ Routine DAPT with clopidogrel or ticagrelor is no longer recommended prior to cardiology review / angiography**

Repeat ECG after 1 hour and regularly thereafter (≥ 4 ECGs in first 24 hours) and admit to monitored bed (ideally on CCU or Malins Ward)

Ensure bloods tests include 2x Troponin-T samples (3 hours apart), full lipid profile and HbA<sub>1c</sub>, in addition to U&E, FBC

Refer to Cardiology @ Warwick **2134** (or UHCW out-of-hours if urgent) to determine need for / timing of:

- angiography (in-house vs. interventional centre)
- pre-treatment with P2Y<sub>12</sub> inhibitor (clopidogrel or ticagrelor)

### Prescribe unless contraindicated:

- ✓ Atorvastatin 80mg PO ON
- ✓ Bisoprolol 2.5mg PO OD\*
- ✓ Ramipril 2.5mg OD\*

\* initiation of ACE-i and β-blocker may be deferred / staggered depending on haemodynamic status. See [full NSTEMI-ACS guideline](#) for alternatives.