Care Bundle for Acute Coronary Syndrome- '**ACUTES**'

Date:_____

Time: _____

Ward: _____

Patient label

ACTION	PARAMETERS	SIGN
ASSESS- ABCDE	• **A**irway, **B**reathing, **C**irculation including assessment of heart rhythm, BP and peripheral perfusion – RECORD findings • **D**o: -12 lead ECG (within 15 min.) Review paramedic and old ECGs • -Chest x-ray and oxygen saturation • -Blood tests: FBC, U&E, Chol, Glucose • **E**arly Troponin on arrival and at 3-6 hrs (refer to pathway)	
Confirm ACS diagnosis	• Consider history, ECG and blood results *together* • Review old notes and investigations • **I**s this primary ACS or troponin release due to inter-current illness? • **C**auses of troponin release which include PE, sepsis, tachycardia, myocarditis, pneumonia, renal failure, takotsubo syndrome. • Remember unstable angina – if history is typical cardiac and pt has confirmed IHD or new ECG changes, they may still need admission	
UNDERSTAND- RISK	• **R**isk stratification- Calculate GRACE score and RECORD in notes (see below). • Use ACS guideline chart to identify high/medium/low risk • Low risk – ambulatory care and possible early discharge (1hr) • **C**CU in selected high-risk ACS including those with ongoing pain or ST-segment depression. Such patients should be discussed early with cardiac outreach or consultant • **S**elective invasive management (angio +/- PCI) in those with co-morbidities- seek advice and refer to ACS flow-chart and cardiology guidelines.	
TREAT- STEMI VS. NSTEMI	**STEMI**- ***Urgently activate the PPCI team by calling 07584407868*** • Refer to guidelines on intranet under 'Prasugrel' and 'STEMI' **ACS/NSTEMI**: **REFER TO ACS GUIDELINES** • Aspirin 300mg then 75mg od + Clopidogrel 600mg stat then 75mg od – confirmed NSTEMI can have ticagrelor 180mg stat then 90mg bd or prasugrel after cardiologist consultant/reg review • Fondaparinux 2.5mg od (stat and then 6pm next day) • Anti-ischaemic drugs: start betablocker (consider iv) or rate limiting calcium channel blocker, prescribe GTN +/- oral nitrates • Morphine and Nitrate IVI if necessary	
EXPERT HELP	• Call for help if uncertain what to do or patient is sick or deteriorating • *Patients with ongoing chest pain or dynamic ischaemic change on ECG (ST depression)- discuss with cardiac outreach or cardiology registrar/consultant* • Cardiac outreach/ medical registrar/ cardiology on call consultant	
SECONDARY PREVENTION	• Statin – atorvastatin 80mg (40mg if on interacting drugs, 20mg in CKD) • ACEI for all unless low BP, severe AS or suspected renovascular disease • Smoking cessation (offer NRT)	

Abbreviations: PPCI- Primary percutaneous coronary intevervention; STEMI- ST-segment elevation MI; NSTEMI- Non-ST elevation MI; ACS- Acute coronary syndrome which encompasses spectrum from unstable angina (troponin –ve) to ST-segment elevation MI with common pathphysiology.