

ACS Algorithm

1. Troponin I/T levels have both been useful in identification of patients at increased risk of early mortality and infarction/reinfarction.
 2. ST-segment depression, T-wave inversion, transient ST-segment elevation, and other high-risk characteristics (i.e. ongoing ischemia, PCI, etc.) have been used as a criteria for determining eligibility for the GP IIb/IIIa inhibitors. GP IIb/IIIa inhibitors are given in conjunction with heparin and ASA.
 3. If ST-segment elevation of 1 mm in 2 or more contiguous leads develops during evaluation, consider eligibility for reperfusion strategy and move to the ST-segment elevation/New/Presumably new BBB algorithm.
 4. LMWH may be useful for patients at high risk for early cardiovascular events when presenting with UA or NSTEMI.
 5. All patients should receive immediate assessment of vital signs, oxygen saturation, cardiac marker levels, electrolyte and coagulation studies, and a brief targeted history and physical examination. A 12-lead ECG and IV access should be rapidly obtained.
 6. See Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care in *Circulation* (2000; 102:1178-179) and the ACC/AHA Guidelines for the Management of Patients with Unstable Angina and NSTEMI in *JACC* (2000; 36: 970-1062) for further detailed discussions.
- * For patients in this arm of the algorithm, monitor serial cardiac markers, serial ECG, or continuous 12-lead ECG monitoring.