Assess risk of future adverse cardiovascular events (death, nonfatal myocardial infarction) using an established risk scoring system (e.g. GRACE).

Stratify by predicted six-month mortality:

- **Lowest risk** (≤1.5%)
  - Offer aspirin (give 300mg loading dose to patients not taking aspirin before presentation, then 75mg daily)

- **Low** (>1.5% ≤3%)
  - Routinely offer subcutaneous fondaparinux to patients who do not have a high bleeding risk. Consider unfractionated heparin, dose guided by monitoring of clotting function, as an alternative to fondaparinux for patients with significant renal impairment (creatinine >265 micromoles per litre)

- **Intermediate** (>3% ≤6%)
  - Assess risk of future adverse cardiovascular events using an established risk scoring system (e.g. GRACE)

- **High** (>6% ≤9%)
  - Offer clopidogrel (300mg or higher loading dose to all patients if planned angiography/PCI within 24 hours, then 75mg daily)

- **Highest risk** (>9%)
  - Offer clopidogrel (300mg loading dose, then 75mg daily)

Discuss the diagnosis and aims of treatment with patients at each stage in this pathway. The discussion should take account of individual clinical circumstances and when appropriate should include the patient’s relatives.

At each stage balance treatment benefit against treatment risk (esp bleeding) and take account of co-morbidity. Bleeding risk is associated with any of the following: advanced age, known bleeding complications, renal impairment and low body weight.

Assess left ventricular function in all patients with non-ST-elevation MI. Consider assessment of left ventricular function in all patients with unstable angina.

Before discharge offer all patients cardiac rehabilitation and advice about cardiovascular risk factor management, secondary prevention, lifestyle, and follow-up arrangements.

**MI** = myocardial infarction
**PCI** = percutaneous coronary intervention
**CABG** = coronary artery bypass surgery

**Stage 1 ACS**