Stage 2 ACS

Lowest risk (≤1.5%)

Offer initial conservative management

Low (>1.5% ≤3%)

Offer ischaemia testing

Recurrent spontaneous ischaemia?

No

Inducible ischaemia?

Yes

Consider coronary angiography

No

Conservative management

Revascularisation indicated?

No

Yes

Determine preferred revascularisation strategy by discussion with patient and relevant healthcare professionals (including cardiac surgeon and interventional cardiologist)

Yes

Offer PCI if appropriate.

Offer CABG if appropriate. Consider stopping clopidogrel 5 days in advance

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

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