



Queensland
Government

Suspected Acute Coronary Syndrome Clinical Pathway

iSTAT/Point of Care Troponin Assay

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

- **CAUTION:** Ensure correct pathway is used. **Use this form for iSTAT/point of care troponin assay only.** For laboratory troponin assay, use *Suspected Acute Coronary Syndrome Clinical Pathway – Laboratory Troponin Assay (SW1329)*.
- This is a guide only and clinical judgement relevant to the individual patient always prevails.
- Variances **must** be clearly documented in patient notes.
- Always consider other critical causes of chest pain (e.g. aortic dissection, pulmonary embolism).
- Do **not** use this pathway if a non-ACS cause for chest pain is diagnosed.
- Every person documenting in this clinical pathway **must** supply a sample of their initials and signature (page 2).

First medical contact:

☐ Queensland Ambulance Service (QAS) ☐ Hospital ☐ GP Date: ____/____/____ Time (24hr): ____:____

Symptom onset:

Date: ____/____/____ Time (24hr): ____:____

Presentation:

Date: ____/____/____ Time (24hr): ____:____

First diagnostic ECG:

Date: ____/____/____ Time (24hr): ____:____

Accepting Cardiologist:

Dr:

Referral:

Date: ____/____/____ Time (24hr): ____:____

- ☐ **Presents with chest pain or other symptoms suggestive of ACS** (consider atypical presentations in diabetic or renal patients, women, elderly or Indigenous patients)
- ☐ **12 lead ECG and vital signs reviewed by a Senior Medical Officer within 10 minutes of presentation**
- Consider right-sided ECG and/or posterior ECG.
- Follow local processes for urgent assistance with ECG interpretation if required (e.g. seek Senior Medical Officer or tertiary hub Cardiology advice).

☐ ECG STEMI

- ☐ ECG STEMI
- ☐ MI likely from history and symptoms
- ☐ Symptom onset <12 hours

If symptoms >12 hours and evidence of continued myocardial ischemia, contact Interventionalist for consideration of primary PCI.

IF YES

IMMEDIATELY ACTIVATE

Reperfusion for STEMI Clinical Pathway (SW547) to determine if patient is suitable for emergency reperfusion.

If in doubt, seek urgent advice from Emergency Consultant or Interventional Cardiologist.

IF NO

☐ High-Risk ECG Findings and/or Presence of Other Clinical Concerns

- ☐ Ongoing symptoms in the presence of high-risk ECG criteria
- ☐ Recurrent intermittent STE
- ☐ Haemodynamic instability or cardiogenic shock
- ☐ Life-threatening arrhythmias
- ☐ Mechanical complications of MI

IF YES

IMMEDIATELY CONTACT Cardiology Referral Centre for advice and consideration of urgent transfer.

Discussed with:

Date: ____/____/____

Time (24hr): ____:____

IF NO

☐ Normal ECG or absence of high-risk ECG features AND presentation consistent with suspected ACS:

Follow clinical decision pathway on page 2.

ECG STEMI (one or more of below)

- ☐ STE ≥ 1 mm in 2 contiguous limb leads
- ☐ STE ≥ 2 mm in 2 contiguous chest leads (V1–V6)
- ☐ ≥ 0.5 mm STdep in V1–3 AND STE ≥ 0.5 mm in posterior leads

High Risk ECG Findings

- ☐ LBBB or paced rhythm with modified Sgarbossa criteria
 - Concordant STE >1 mm in more than 1 lead; OR
 - Concordant STdep >1 mm in 1 lead (V1–V3); OR
 - Any lead with STE $>25\%$ of preceding S-wave
- ☐ De Winter T-waves
 - Up-sloping STdep in V2–V5; AND
 - Tall T-waves in chest leads V2–V5; AND
 - Slight STE aVR >0.5 mm
- ☐ Wellens criterion
 - Isoelectric or minimally elevated J-point <1 mm; AND
 - Biphasic T-waves V2, V3; OR
 - Symmetric T-wave inversion V3 (sometimes V1, V4–V6)
- ☐ Diffuse STdep in multiple leads and STE in aVR
- ☐ STdep and T-wave inversion

General Management

- ☐ Continuous cardiac monitoring
- ☐ Vitals signs as per Cardiac Q-ADDS
- ☐ Nitrates: Sublingual or IV infusion
- ☐ Pain relief: IV Fentanyl or IV Morphine
- ☐ Oxygen if SpO₂ $<90\%$ (aim SpO₂ $\leq 96\%$)
- ☐ Pathology: Troponin, ELFTs, Full blood count
- ☐ Repeat ECG if recurrent/ongoing chest pain or other symptoms of ACS every 15 minutes
- ☐ Loading dose of 300 mg Aspirin given
- Date: ____/____/____ Time (24hr): ____:____
- ☐ Prepare for urgent transfer (if applicable)

Comments:

Treating Emergency Department Medical Officer

Print name:

Signature:

Date:

Time (24hr):





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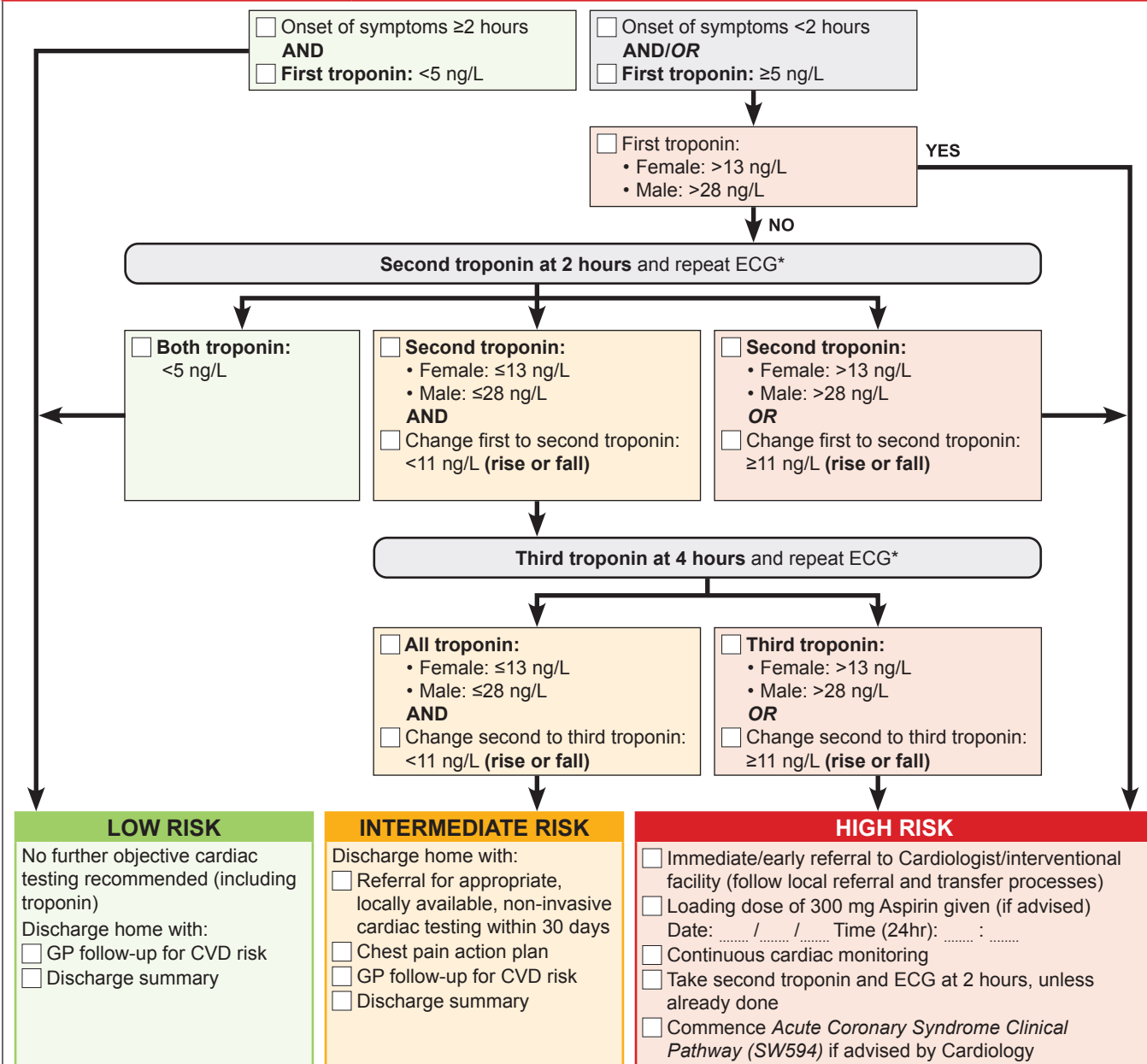
Sex: ☐ M ☐ F ☐ I

iSTAT/Point of Care Troponin-Based Clinical Decision Pathway

- This pathway is for normal ECG or absence of STEMI or high-risk ECG features AND presentation consistent with ACS.
- Serial troponin values MUST be measured using the same assay (i.e. Laboratory or Point of Care).

***STEMI/high-risk ECG changes/
clinical concerns at ANYTIME:**

- ECG STEMI – **immediately** activate Reperfusion for STEMI Clinical Pathway (SW547)
- ECG high risk/clinical concerns – return to page 1 and **immediately** contact Cardiac Referral Centre for advice and to consider urgent transfer



DO NOT WRITE IN THIS BINDING MARGIN

Signature Log (Every person documenting in this clinical pathway must supply a sample of their initials and signature)

Print name	Designation	Signature	Initials	Print name	Designation	Signature	Initials

ACS Acute Coronary Syndrome
aVR Augmented Vector Right
CVD Cardiovascular Disease

ELFTs Elevated Liver Function Tests
LBBS Left Bundle Branch Block
MI Myocardial Ischemia

PCI Percutaneous Coronary Intervention
pPCI Primary Percutaneous Coronary Intervention
SpO₂ Oxygen Saturation

STE/MI ST-Elevation/Myocardial Infarction
STdep ST-segment Depression