



Queensland
Government

Acute Coronary Syndrome Clinical Pathway

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

- This pathway is for patients diagnosed with any one of the following: » STEMI » NSTEMI » Unstable Angina
- Clinical pathways never replace clinical judgement.
- Care outlined in this pathway **must be altered** if it is not clinically appropriate for the individual patient.

Pathway commenced: Date: / / Time (24hr): : Initials:

Has the patient transferred from another facility/ward? ☐ Yes ☐ No If YES – from:

Principal (final) diagnosis: ☐ STEMI ☐ NSTEMI ☐ Unstable angina Late presentation: ☐ Yes ☐ No Initials:

Treating consultant (print name):

Transfer Guide for Non-Interventional Facilities

*GRACE ACS Risk Score 2.0 Calculator: www.gracescore.org

- All STEMI: Immediately activate **Reperfusion for STEMI Clinical Pathway (SW547)**.
- For High Risk ACS (as soon as identified): Immediately contact cardiology referral centre for advice and consideration of urgent transfer to Interventional Cardiac facility. Once accepted, notify RSQ (1300 799 127) or QAS to arrange transport.
- If clinically unstable: ☐ Urgent medical review ☐ Notify cardiology referral service ☐ Immediate transfer to PCI capable facility
- Follow local HHS referral and transfer processes.

Recommended time frames for angiography	Very High Risk	Based on: Haemodynamic instability/shock, life-threatening arrhythmias, mechanical complications of MI, ongoing symptoms with ECG changes, recurrent STE. • Refer for immediate transfer
	High Risk	• Within 24 hours
	Intermediate Risk	For whom invasive strategy chosen. • Prior to hospital discharge
Referral	☐ Sent – Date: / / Time (24hr): : Accepting Cardiologist: Facility:	
Transport	☐ RSQ (aeromedical transport) OR ☐ QAS (road transport) Transfer date: / / ☐ N/A	

Procedures (follow local HHS referral processes)

Thrombolysis	☐ Yes ☐ No If YES – Date: / / Time (24hr): :	
Chest x-ray	☐ Yes ☐ No If YES – Date: / /	
Echocardiogram	☐ Yes ☐ No If YES – Date: / / EF%:	
Angiogram	☐ Yes ☐ No If YES – Date: / /	☐ N/A
Angioplasty (PCI)	☐ Yes ☐ No If YES – Date: / /	☐ N/A
CABG	Surgical referral completed: ☐ Yes ☐ No If YES – Date: / /	☐ N/A
	Cardiac surgeon review: ☐ Yes ☐ No If YES – Date: / /	
	Scheduled for CABG: ☐ Yes ☐ No If YES – Date: / /	

Documentation Instructions

- For STEMI or NSTEMI, commence pg 4.
- For unstable angina and late presentation MI (i.e. pain onset >24 hours), commence pg 5.
- Initials: Indicates action/care has been ordered/administered.
- N/A: Indicates preceding care/order is not applicable.
- Crossing out: Indicates that there is a change in the care outlined.
- V: Indicates a variation of care from the pathway. When applicable, initial in the "Variance column", then document in the patient's Progress Notes details of the variation including actions taken, contributing factors and outcomes.
- Key: ■ Medical ▲ Nursing ◆ Allied Health
- Symbols guide care to a primary professional stream, it is a visual guide only and its direction is not intended to be absolute.
- Every person documenting in this clinical pathway **must** supply a sample of their initials and signature (pg 2).

ACE	Angiotensin-Converting Enzyme	DEM	Department of Emergency Medicine	MO	Medical Officer
ACS	Acute Coronary Syndrome	DMR	Discharge Medication Record	NSTEMI	Non-ST-Elevation Myocardial Infarction
APTT	Activated Partial Thromboplastin Time	ECG	Electrocardiogram	O/A	On Admission
ASA	Acetylsalicylic Acid (Aspirin)	ED	Emergency Department	PCI	Percutaneous Coronary Intervention
BGL	Blood Glucose Level	EF	Ejection Fraction	PRN	Pro re nata (i.e. when required)
BP	Blood Pressure	FBC	Full Blood Count	QAS	Queensland Ambulance Services
BS	Breath Sounds	H ₂ O	Water	RSQ	Retrieval Services Queensland
CABG	Coronary Artery Bypass Grafts	HbA1c	Hemoglobin A1c	SaO ₂	Arterial oxygen saturation
CAD	Coronary Artery Disease	HHS	Hospital and Health Service	STEMI	ST-Elevation Myocardial Infarction
CCU	Coronary Care Unit	IV	Intravenous	TFT	Thyroid Function Tests
CHEM 7	Basic Metabolic Panel	GP	General Practitioner	TIMI	Thrombolysis In Myocardial Infarction
CHEM 20	Comprehensive Metabolic Panel	GTN	Glyceryl Trinitrate	TPR	Temperature; Pulse; Respiration
COAGS	Coagulation profile	MI	Myocardial Infarction		





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Expected Discharge Date (EDD): / /

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Discharge Planning Checklist

Category	Key: ☐ Medical ☐ Nursing ☐ Allied Health	Initials	Date
Rehabilitation/ Education	- Review with patient and carer: » Resumption of lifestyle activities (sexual activity, physical activity, return to work) » Driving/pilot/commercial licensing » Current status, diagnostic and therapeutic options and general prognosis » Chest pain home management plan » Education for care of arterial access site » Education and counselling for all current medications - Given: » Written and personalised risk factor control information: ☐ Smoking ☐ Nutrition ☐ Diabetes ☐ Stress management ☐ High blood pressure ☐ Cholesterol ☐ Other (specify): » Information on disease process (e.g. atherosclerosis, SCAD etc.) » <i>My Heart My Life</i> book or similar » Information to access Heart Foundation website or phone/tablet app for further patient resources and information » Written medication information: ☐ Consumer Medicines Information ☐ DMR <i>Nicotine Withdrawal Management Pathway (SW321)</i>: ☐ Yes ☐ No ☐ N/A - Stress/depression identified: ☐ Yes (consider psychologist/social worker review) ☐ No - Cardiac Rehab OPD referral completed: ☐ Yes ☐ No - Heart Failure Service referral completed: ☐ Yes ☐ No ☐ N/A - Aboriginal and Torres Strait Islander Liaison Officer referral: ☐ Yes ☐ No ☐ N/A		
	- Discharge medications for review: ☐ Aspirin ☐ Ticagrelor ☐ Prasugrel ☐ Clopidogrel ☐ ACE inhibitor ☐ Beta blocker ☐ Statin ☐ Ezetimibe ☐ NRT if smoker ☐ Other (specify): <i>Sub-lingual GTN PRN</i>: Patient has supply at discharge: ☐ Yes ☐ No - Discharge script completed and sent to pharmacy: ☐ Yes ☐ No - If NO, reason:		
	- Patient to make appointment with GP within one week - Cardiologist - Other (specify):		
	- Medical discharge summary (copy to GP and patient) - Travel forms ☐ N/A - Medical certificate ☐ N/A - Other (specify):		

Additional comments:

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DAY 1 (First 24 hours) Date: ____ / ____ / ____ Ward: ____ Key: ■ Medical ▲ Nursing ◆ Allied Health

Category	Initial	Acute STEMI	Acute NSTEMI	Commence pg 5 if unstable angina or late presentation MI	ND	AM	PM	V
Investigations	■	Non-interventional facilities: STEMI and clinically unstable patient refer for immediate transfer to interventional cardiac facility • ECG on arrival to CCU (<i>right side ECG V4R if inferior STEMI</i>), consider posterior ECG, repeat with pain or clinical deterioration and review by MO • Post-thrombolysis ECG's taken and reviewed (as per <i>Reperfusion for STEMI Clinical Pathway [SW547]</i>) at: ☐ 30 mins ☐ 60 mins ☐ 90 mins ☐ N/A • Continuous cardiac monitoring (ST-segments if available) • ☐ Troponin (2–3 hours if high-sensitivity troponin assay, 6 hours if conventional troponin/iSTAT) ☐ CHEM 20/CHEM 7 ☐ FBC ☐ COAGS ☐ BGL ☐ HbA1C • Request for next day: ☐ Fasting glucose/lipids ☐ TFT						
Medication	■	• Record weight and height on medication chart • Aspirin loading dose given at – Date: ____ / ____ / ____ Time (24hr): ____ : ____ • Confirm if given: ☐ Ticagrelor ☐ Prasugrel ☐ Clopidogrel ☐ OR: ____ ☐ N/A Dose: ____ Date: ____ / ____ / ____ Time (24hr): ____ : ____ • Confirm prescription of PRN medication: ☐ Sub-lingual GTN ☐ IV analgesia ☐ IV anti-emetic • Review need to withhold medications ahead of angiogram/PCI ☐ N/A • Review need for: ☐ Therapeutic dose Enoxaparin (caution for renal impairment, elderly and low body-weight); OR ☐ IV Heparin OR VTE prophylaxis with lower dose subcut Enoxaparin if therapeutic anticoagulation not charted						
Observations treatments	■	• 4 hourly if stable (<i>or as per MO*</i>) full vitals, rhythm check, circulation and pain assessment ☐ Neurological observations post-lysis <i>*Record alterations in frequency: _____</i> ☐ Post-angiography/PCI observations (follow local protocol) ☐ N/A • Assess arterial puncture site and report chest pain • Assess, manage and report arrhythmia ☐ BGL monitoring (<i>if newly diagnosed diabetes, refer to Diabetic Educator</i>) ☐ N/A • IVC site(s) patent and no signs of inflammation – resite if inserted by QAS or in ED within 24 hours (remove if not required). Document as per vascular device management form • Oxygen if evidence of hypoxia (SaO ₂ <90%), or shock • Fluid balance chart • Emotional assessment/reassurance ☐ N/A						
Nutrition	▲	☐ Healthy Heart ☐ Other (<i>specify</i>): _____ • If for fasting lipids/glucose, no food after 20:00 PM (<i>may have H₂O</i>) ☐ N/A						
Mobility/elimination/hygiene	◆	• Strict rest in bed with commode privileges 12 hours post-MI (<i>>12 hours, if clinically stable and post-MO review, can be supervised to toilet with telemetry on wheelchair</i>) • Record alterations in mobility: _____ _____ • Sponge at bedside • Falls and pressure injury risk assessment • Mouth care after meals and PRN						
Indigenous status	▲	☐ Aboriginal ☐ Torres Strait Islander ☐ Neither Aboriginal or Torres Strait Islander						
Education and discharge plan	▲	• Commence discharge planning checklist (pg 3) ◆ • Discuss treatment plan with patient/carer						
Expected outcomes (complete at end of 24-hour period)	▲	Patient demonstrates: A Achieved V Variance • Anginal pain controlled with rest/medication/intervention • Patient will verbalise understanding of condition and verbalise concerns • Successful PCI or thrombolysis of acute STEMI • At non-interventional facilities: Acute STEMI prepared for urgent transfer to interventional cardiac facility. PCI should be performed within 90 minutes • NSTEMI patient referred and prepared for next day transfer to interventional cardiac facility and/or booked for angiography within 24 hours if High Risk; OR prior to hospital discharge if non-High Risk (for whom invasive strategy is chosen)			A		V	

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DAY _____ of pathway		Date: _____ / _____ / _____	Ward: _____	Key: ■ Medical ▲ Nursing ◆ Allied Health				
Category	→	Commence pathway for: ☐ Unstable angina ☐ Late presentation MI		ND	AM	PM	V	
Investigations	■	• ECG performed daily, repeat with pain or clinical deterioration and review by MO						
	▲	• ☐ Continuous cardiac monitoring						
		• ☐ CHEM 7 ☐ APTT (if applicable) ☐ Fasting glucose/lipids (request for next day if Day 1) ☐ FBC ☐ TFT (O/A only) ☐ Other (specify): _____						
		• ☐ Echocardiogram ☐ Other tests (specify): _____						
		• If for angiography: ☐ N/A ☐ Preparation and education as per local HHS practice ☐ N/A ☐ Prepare for transfer to interventional facility as per local HHS practice ☐ N/A						
Medications and pain management	■	• Record weight and height on medication chart						
	▲	• Confirm prescription of: ☐ Aspirin ☐ Ticagrelor ☐ Prasugrel ☐ Clopidogrel ☐ OR: _____ ☐ ACE inhibitor ☐ Statin ☐ Sub-lingual GTN						
		• Review need to withhold medications ahead of angiogram/PCI ☐ N/A						
		• Review need for: ☐ Therapeutic dose Enoxaparin (caution for renal impairment, elderly and low body-weight); OR ☐ IV Heparin OR VTE prophylaxis with lower dose subcut Enoxaparin if therapeutic anticoagulation not charted						
Observations treatments	■	• 4 hourly if stable (or as per MO*) full vitals, rhythm check, circulation and pain assessment						
	▲	• ☐ Neurological observations post-lysis *Record alterations in frequency: _____						
		• ☐ Post-angiography/PCI observations (follow local protocol) ☐ N/A						
		• Assess arterial puncture site and report chest pain						
		• Assess, manage and report arrhythmia						
		• ☐ BGL monitoring – frequency: _____ ☐ N/A (if newly diagnosed diabetes, refer to Diabetic Educator)						
		• IVC site(s) patent and no signs of inflammation – resite if inserted by QAS or in DEM/ED within 24 hours (remove if not required). Document as per vascular device management form						
		• Oxygen if evidence of hypoxia (SaO ₂ <90%), or shock						
Nutrition	▲	• ☐ Healthy Heart ☐ Other (specify): _____						
		• If for fasting lipids, confirm blood collection before breakfast ☐ N/A						
Mobility/elimination/hygiene	▲	• Gentle mobilisation, shower with supervision and toilet privileges permitted with telemetry (if pain free and clinically stable)						
	◆	• Record alterations in mobility: _____						
Other care (specify)								
Education and discharge plan	▲	• Discuss treatment plan with patient/carer						
	◆	• Review and continue discharge planning checklist (pg 3)						
Expected outcomes (complete at end of 24-hour period)	▲	Patient demonstrates: A Achieved V Variance						
		• Anginal pain controlled with rest/medication/intervention						
		• Patient will verbalise understanding of condition and verbalise concerns						
		• NSTEMI patient referred and prepared for transfer to interventional cardiac facility and/or booked for angiography within 24 hours if High Risk; OR prior to hospital discharge if Intermediate Risk						
		• Other (specify): _____						

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Category	Key	ND	AM	PM	V
Investigations	■				
	▲				
Medications and pain management	■				
	▲				
Observations treatments	■				
	▲				
Nutrition	▲				
Mobility/ elimination/ hygiene	▲				
	◆				
Other care (specify)					
Education and discharge plan	▲				
	◆				
Expected outcomes (complete at end of 24-hour period)	▲				

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DAY of pathway **Date:** / / **Ward:** **Key:** ■ Medical ▲ Nursing ◆ Allied Health

Category		ND	AM	PM	V
Investigations	■ • ECG with pain or clinical deterioration and review by MO				
	▲ • ☐ Continuous cardiac monitoring (cease if clinically stable post-48 hours) Ceased time (24hr): :				
	• Daily bloods as requested				
	• ☐ Echocardiogram ☐ Other tests (<i>specify</i>):				
	• If for angiography: ☐ N/A ☐ Preparation and education as per local HHS practice ☐ N/A ☐ Prepare for transfer to interventional facility as per local HHS practice ☐ N/A				
Medications and pain management	■ • Confirm prescription of: ☐ Aspirin ☐ Ticagrelor ☐ Prasugrel ☐ Clopidogrel ☐ OR: ☐ ACE inhibitor ☐ Statin ☐ Sub-lingual GTN				
	▲ • Review need to withhold medications ahead of angiogram/PCI ☐ N/A				
	• Review need for: ☐ Therapeutic dose Enoxaparin (caution for renal impairment, elderly and low body-weight); OR ☐ IV Heparin OR VTE prophylaxis with lower dose subcut Enoxaparin if therapeutic anticoagulation not charted				
Observations treatments	■ • QID or BD as indicated (<i>or as per MO*</i>), full vitals, rhythm check, circulation and pain assessment				
	▲ ☐ Neurological observations post-lysis *Record alterations in frequency:				
	• ☐ Post-angiography/PCI observations (follow local protocol) ☐ N/A				
	• Assess arterial puncture site and report chest pain				
	• Assess, manage and report arrhythmia				
	• ☐ BGL monitoring – frequency: ☐ N/A (if newly diagnosed diabetes, refer to Diabetic Educator)				
	• Daily weight if evidence of heart failure ☐ N/A				
	• IVC site(s) patent and no inflammation (remove if not required)				
Nutrition	▲ • ☐ Healthy Heart ☐ Other (<i>specify</i>):				
	• If for fasting lipids, confirm blood collection before breakfast ☐ N/A				
Mobility/ elimination/ hygiene	▲ • Increase mobilisation if pain free and clinically stable				
	◆ • Self-care • Record alterations in mobility/hygiene:				
Other care (specify)					
Education and discharge plan	▲ • Discuss treatment plan with patient/carer				
	◆ • Review and continue discharge planning checklist (pg 3)				
Expected outcomes (complete at end of 24-hour period)	▲ Patient demonstrates: A Achieved V Variance				
	• Anginal pain controlled with rest/medication/intervention				
	• Patient will verbalise understanding of condition and verbalise concerns				
	• NSTEMI patient referred and prepared for transfer to interventional cardiac facility and/or booked for angiography within 24 hours if High Risk; OR prior to hospital discharge if Intermediate Risk				
	• Patient and carer will verbalise understanding of personalised discharge plan				
	• Other (<i>specify</i>):				

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DAY _____ of pathway Date: _____ / _____ / _____ Ward: _____ Key: ■ Medical ▲ Nursing ◆ Allied Health

Category		ND	AM	PM	V
Investigations	■ • ECG with pain or clinical deterioration and review by MO				
	▲ • ☐ Continuous cardiac monitoring (cease if clinically stable post-48 hours) Ceased time (24hr): _____ : _____				
	• Daily bloods as requested				
	• ☐ Echocardiogram ☐ Other tests (<i>specify</i>): _____				
	• If for angiography: ☐ N/A ☐ Preparation and education as per local HHS practice ☐ N/A ☐ Prepare for transfer to interventional facility as per local HHS practice ☐ N/A				
Medications and pain management	■ • Confirm prescription of: ☐ Aspirin ☐ Ticagrelor ☐ Prasugrel ☐ Clopidogrel ☐ OR: _____ ☐ ACE inhibitor ☐ Statin ☐ Sub-lingual GTN				
	▲ • Review need to withhold medications ahead of angiogram/PCI ☐ N/A				
	• Review need for: ☐ Therapeutic dose Enoxaparin (caution for renal impairment, elderly and low body-weight); OR ☐ IV Heparin OR VTE prophylaxis with lower dose subcut Enoxaparin if therapeutic anticoagulation not charted				
Observations treatments	■ • QID or BD as indicated (<i>or as per MO*</i>), full vitals, rhythm check, circulation and pain assessment				
	▲ ☐ Neurological observations post-lysis *Record alterations in frequency: _____				
	• ☐ Post-angiography/PCI observations (follow local protocol) ☐ N/A				
	• Assess arterial puncture site and report chest pain				
	• Assess, manage and report arrhythmia				
	• ☐ BGL monitoring – frequency: _____ ☐ N/A (if newly diagnosed diabetes, refer to Diabetic Educator)				
	• Daily weight if evidence of heart failure ☐ N/A				
	• IVC site(s) patent and no inflammation (remove if not required)				
Nutrition	▲ • ☐ Healthy Heart ☐ Other (<i>specify</i>): _____				
Mobility/elimination/hygiene	▲ • Increase mobilisation if pain free and clinically stable				
	◆ • Self-care				
	• Record alterations in mobility/hygiene: _____				
Other care (<i>specify</i>)					
Education and discharge plan	▲ • Discuss treatment plan with patient/carer				
	◆ • Review and continue discharge planning checklist (pg 3)				
Expected outcomes (<i>complete at end of 24-hour period</i>)	▲ Patient demonstrates: A Achieved V Variance	A	V		
	• Anginal pain controlled with rest/medication/intervention				
	• Patient will verbalise understanding of condition and verbalise concerns				
	• Patient and carer will verbalise understanding of personalised discharge plan				
	• Other (<i>specify</i>): _____				

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