



Queensland Government

Acute Coronary Syndrome Clinical Pathway

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Facility:

- 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	<input type="checkbox"/> Sent – Date: / / Time (24hr): : Accepting Cardiologist: Facility:	
Transport	<input type="checkbox"/> RSQ (aeromedical transport) OR <input type="checkbox"/> QAS (road transport) Transfer date: / / <input type="checkbox"/> N/A	

Procedures (follow local HHS referral processes)

Thrombolysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES – Date: / / Time (24hr): :
Chest x-ray	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES – Date: / /
Echocardiogram	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES – Date: / / EF%:
Angiogram	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES – Date: / / <input type="checkbox"/> N/A
Angioplasty (PCI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES – Date: / / <input type="checkbox"/> N/A
CABG	Surgical referral completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES – Date: / / <input type="checkbox"/> N/A
	Cardiac surgeon review:	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES – Date: / /
	Scheduled for CABG:	<input type="checkbox"/> Yes <input type="checkbox"/> 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	Glycerol Trinitrate	TPR	Temperature; Pulse; Respiration
COAGS	Coagulation profile	MI	Myocardial Infarction		

DO NOT WRITE IN THIS BINDING MARGIN

V2.00 - 03/2026
 WINC Code: 1NY31843



SW594

ACUTE CORONARY SYNDROME CLINICAL PATHWAY



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Expected Discharge Date (EDD): / /

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Discharge Planning Checklist

Category	Key: <input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Allied Health	Initials	Date
Rehabilitation/ Education	<ul style="list-style-type: none"> ■ • Review with patient and carer: <ul style="list-style-type: none"> » 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: <ul style="list-style-type: none"> » Written and personalised risk factor control information: <ul style="list-style-type: none"> <input type="checkbox"/> Smoking <input type="checkbox"/> Nutrition <input type="checkbox"/> Diabetes <input type="checkbox"/> Stress management <input type="checkbox"/> High blood pressure <input type="checkbox"/> Cholesterol <input type="checkbox"/> Other (<i>specify</i>): » 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: <input type="checkbox"/> Consumer Medicines Information <input type="checkbox"/> DMR • <i>Nicotine Withdrawal Management Pathway (SW321)</i>: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A • Stress/depression identified: <input type="checkbox"/> Yes (<i>consider psychologist/social worker review</i>) <input type="checkbox"/> No • Cardiac Rehab OPD referral completed: <input type="checkbox"/> Yes <input type="checkbox"/> No • Heart Failure Service referral completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A • Aboriginal and Torres Strait Islander Liaison Officer referral: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 		
	<ul style="list-style-type: none"> ▲ <input type="checkbox"/> Aspirin <input type="checkbox"/> Ticagrelor <input type="checkbox"/> Prasugrel <input type="checkbox"/> Clopidogrel <input type="checkbox"/> ACE inhibitor ◆ <input type="checkbox"/> Beta blocker <input type="checkbox"/> Statin <input type="checkbox"/> Ezetimibe <input type="checkbox"/> NRT if smoker <input type="checkbox"/> Other (<i>specify</i>): 		
	<ul style="list-style-type: none"> ◆ • <i>Sub-lingual GTN PRN</i>: Patient has supply at discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No • Discharge script completed and sent to pharmacy: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, reason:</i> 		
	<ul style="list-style-type: none"> ■ • Patient to make appointment with GP within one week ▲ • Cardiologist • Other (<i>specify</i>): 		
	<ul style="list-style-type: none"> ■ • Medical discharge summary (copy to GP and patient) ▲ • Travel forms <input type="checkbox"/> N/A • Medical certificate <input type="checkbox"/> N/A • Other (<i>specify</i>): 		

Additional comments:

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

Category		ND	AM	PM	V
Investigations	<input type="checkbox"/> Acute STEMI <input type="checkbox"/> Acute NSTEMI <i>Commence pg 5 if unstable angina or late presentation MI</i> ■ 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: <input type="checkbox"/> 30 mins <input type="checkbox"/> 60 mins <input type="checkbox"/> 90 mins <input type="checkbox"/> N/A • Continuous cardiac monitoring (ST-segments if available) • <input type="checkbox"/> Troponin (2–3 hours if high-sensitivity troponin assay, 6 hours if conventional troponin/iSTAT) <input type="checkbox"/> CHEM 20/CHEM 7 <input type="checkbox"/> FBC <input type="checkbox"/> COAGS <input type="checkbox"/> BGL <input type="checkbox"/> HbA1C • Request for next day: <input type="checkbox"/> Fasting glucose/lipids <input type="checkbox"/> TFT				
Medication	■ Record weight and height on medication chart ▲ Aspirin loading dose given at – Date: ____ / ____ / ____ Time (24hr): ____ : ____ : ____ • Confirm if given: <input type="checkbox"/> Ticagrelor <input type="checkbox"/> Prasugrel <input type="checkbox"/> Clopidogrel <input type="checkbox"/> OR: <input type="checkbox"/> N/A Dose: ____ Date: ____ / ____ / ____ Time (24hr): ____ : ____ : ____ • Confirm prescription of PRN medication: <input type="checkbox"/> Sub-lingual GTN <input type="checkbox"/> IV analgesia <input type="checkbox"/> IV anti-emetic • Review need to withhold medications ahead of angiogram/PCI <input type="checkbox"/> N/A • Review need for: <input type="checkbox"/> Therapeutic dose Enoxaparin (caution for renal impairment, elderly and low body-weight); OR <input type="checkbox"/> 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 ▲ <input type="checkbox"/> Neurological observations post-lysis *Record alterations in frequency: _____ • <input type="checkbox"/> Post-angiography/PCI observations (follow local protocol) <input type="checkbox"/> N/A • Assess arterial puncture site and report chest pain • Assess, manage and report arrhythmia • <input type="checkbox"/> BGL monitoring (<i>if newly diagnosed diabetes, refer to Diabetic Educator</i>) <input type="checkbox"/> 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 <input type="checkbox"/> N/A				
Nutrition	▲ <input type="checkbox"/> Healthy Heart <input type="checkbox"/> Other (<i>specify</i>): _____ • If for fasting lipids/glucose, no food after 20:00 PM (<i>may have H₂O</i>) <input type="checkbox"/> N/A				
Mobility/ elimination/ hygiene	▲ Strict rest in bed with commode privileges 12 hours post-MI (>12 hours, if clinically stable and post-MO review, can be supervised to toilet with telemetry on wheelchair) ◆ Record alterations in mobility: _____ _____ • Sponge at bedside • Falls and pressure injury risk assessment • Mouth care after meals and PRN				
Indigenous status	▲ <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander				
Education and discharge plan	▲ Commence discharge planning checklist (pg 3) ◆ Discuss treatment plan with patient/carer				
Expected outcomes <i>(complete at end of 24-hour period)</i>	▲ 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 • <i>At non-interventional facilities:</i> 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: <input type="checkbox"/> Unstable angina <input type="checkbox"/> Late presentation MI	ND	AM	PM	V
Investigations	<ul style="list-style-type: none"> ■ ECG performed daily, repeat with pain or clinical deterioration and review by MO ▲ <input type="checkbox"/> Continuous cardiac monitoring <input type="checkbox"/> CHEM 7 <input type="checkbox"/> APTT (if applicable) <input type="checkbox"/> Fasting glucose/lipids (request for next day if Day 1) <input type="checkbox"/> FBC <input type="checkbox"/> TFT (O/A only) <input type="checkbox"/> Other (specify): <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Other tests (specify): If for angiography: <ul style="list-style-type: none"> <input type="checkbox"/> Preparation and education as per local HHS practice <input type="checkbox"/> N/A <input type="checkbox"/> Prepare for transfer to interventional facility as per local HHS practice <input type="checkbox"/> N/A 				
Medications and pain management	<ul style="list-style-type: none"> ■ Record weight and height on medication chart ▲ Confirm prescription of: <ul style="list-style-type: none"> <input type="checkbox"/> Aspirin <input type="checkbox"/> Ticagrelor <input type="checkbox"/> Prasugrel <input type="checkbox"/> Clopidogrel <input type="checkbox"/> OR: <input type="checkbox"/> ACE inhibitor <input type="checkbox"/> Statin <input type="checkbox"/> Sub-lingual GTN Review need to withhold medications ahead of angiogram/PCI <input type="checkbox"/> N/A Review need for: <ul style="list-style-type: none"> <input type="checkbox"/> Therapeutic dose Enoxaparin (caution for renal impairment, elderly and low body-weight); OR <input type="checkbox"/> IV Heparin OR VTE prophylaxis with lower dose subcut Enoxaparin if therapeutic anticoagulation not charted 				
Observations treatments	<ul style="list-style-type: none"> ■ 4 hourly if stable (or as per MO*) full vitals, rhythm check, circulation and pain assessment ▲ <input type="checkbox"/> Neurological observations post-lysis *Record alterations in frequency: <input type="checkbox"/> Post-angiography/PCI observations (follow local protocol) <input type="checkbox"/> N/A Assess arterial puncture site and report chest pain Assess, manage and report arrhythmia <input type="checkbox"/> BGL monitoring – frequency: <input type="checkbox"/> 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 (SaO₂ <90%), or shock Falls and pressure injury risk assessment Emotional assessment/reassurance <input type="checkbox"/> N/A 				
Nutrition	<ul style="list-style-type: none"> ▲ <input type="checkbox"/> Healthy Heart <input type="checkbox"/> Other (specify): If for fasting lipids, confirm blood collection before breakfast <input type="checkbox"/> N/A 				
Mobility/ elimination/ hygiene	<ul style="list-style-type: none"> ▲ 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	<ul style="list-style-type: none"> ▲ Discuss treatment plan with patient/carer ◆ Review and continue discharge planning checklist (pg 3) 				
Expected outcomes (complete at end of 24-hour period)	<ul style="list-style-type: none"> ▲ 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): 				A V

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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				
	▲	• <input type="checkbox"/> Continuous cardiac monitoring (cease if clinically stable post-48 hours) Ceased time (24hr): _____ : _____				
		• Blood pathology (if required) as per MO				
		• <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Other tests (<i>specify</i>): _____				
		• If for angiography: <input type="checkbox"/> Preparation and education as per local HHS practice <input type="checkbox"/> N/A <input type="checkbox"/> Prepare for transfer to interventional facility as per local HHS practice <input type="checkbox"/> N/A				
Medications and pain management	■	• Confirm prescription of:				
	▲	• <input type="checkbox"/> Aspirin <input type="checkbox"/> Ticagrelor <input type="checkbox"/> Prasugrel <input type="checkbox"/> Clopidogrel <input type="checkbox"/> OR: _____ <input type="checkbox"/> ACE inhibitor <input type="checkbox"/> Statin <input type="checkbox"/> Sub-lingual GTN				
		• Review need to withhold medications ahead of angiogram/PCI <input type="checkbox"/> N/A				
Observations treatments	■	• QID or BD as indicated (<i>or as per MO*</i>), full vitals, rhythm check, circulation and pain assessment				
	▲	• <input type="checkbox"/> Neurological observations post-lysis *Record alterations in frequency: _____				
		• <input type="checkbox"/> Post-angiography/PCI observations (follow local protocol) <input type="checkbox"/> N/A				
		• Assess arterial puncture site and report chest pain				
		• Assess, manage and report arrhythmia				
		• <input type="checkbox"/> BGL monitoring – frequency: _____ <input type="checkbox"/> N/A (if newly diagnosed diabetes, refer to Diabetic Educator)				
		• Daily weight if evidence of heart failure <input type="checkbox"/> N/A				
Nutrition	▲	• <input type="checkbox"/> Healthy Heart <input type="checkbox"/> Other (<i>specify</i>): _____				
		• If for fasting lipids, confirm blood collection before breakfast <input type="checkbox"/> N/A				
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				
		• 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 (<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				
	▲	• <input type="checkbox"/> Continuous cardiac monitoring (cease if clinically stable post-48 hours) Ceased time (24hr): :				
		• Daily bloods as requested				
		• <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Other tests (<i>specify</i>):				
		• If for angiography: <input type="checkbox"/> N/A <input type="checkbox"/> Preparation and education as per local HHS practice <input type="checkbox"/> N/A <input type="checkbox"/> Prepare for transfer to interventional facility as per local HHS practice <input type="checkbox"/> N/A				
Medications and pain management	■	• Confirm prescription of:				
	▲	• <input type="checkbox"/> Aspirin <input type="checkbox"/> Ticagrelor <input type="checkbox"/> Prasugrel <input type="checkbox"/> Clopidogrel <input type="checkbox"/> OR:				
		• <input type="checkbox"/> ACE inhibitor <input type="checkbox"/> Statin <input type="checkbox"/> Sub-lingual GTN				
		• Review need to withhold medications ahead of angiogram/PCI <input type="checkbox"/> N/A				
Observations treatments	■	• QID or BD as indicated (<i>or as per MO*</i>), full vitals, rhythm check, circulation and pain assessment				
	▲	• <input type="checkbox"/> Neurological observations post-lysis <i>*Record alterations in frequency:</i>				
		• <input type="checkbox"/> Post-angiography/PCI observations (follow local protocol) <input type="checkbox"/> N/A				
		• Assess arterial puncture site and report chest pain				
		• Assess, manage and report arrhythmia				
		• <input type="checkbox"/> BGL monitoring – frequency: <input type="checkbox"/> N/A (<i>if newly diagnosed diabetes, refer to Diabetic Educator</i>)				
		• Daily weight if evidence of heart failure <input type="checkbox"/> N/A				
		• IVC site(s) patent and no inflammation (remove if not required)				
Nutrition	▲	• <input type="checkbox"/> Healthy Heart <input type="checkbox"/> Other (<i>specify</i>):				
		• If for fasting lipids, confirm blood collection before breakfast <input type="checkbox"/> N/A				
Mobility/ elimination/ hygiene	▲	• Increase mobilisation if pain free and clinically stable				
	◆	• Self-care • <i>Record alterations in mobility/hygiene:</i>				
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			A	V
		• 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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Category		ND	AM	PM	V
Investigations	■ • ECG with pain or clinical deterioration and review by MO				
	▲ • <input type="checkbox"/> Continuous cardiac monitoring (cease if clinically stable post-48 hours) Ceased time (24hr): :				
	• Daily bloods as requested				
	• <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Other tests (<i>specify</i>):				
	• If for angiography: <input type="checkbox"/> Preparation and education as per local HHS practice <input type="checkbox"/> N/A <input type="checkbox"/> Prepare for transfer to interventional facility as per local HHS practice <input type="checkbox"/> N/A				
Medications and pain management	■ • Confirm prescription of: <input type="checkbox"/> Aspirin <input type="checkbox"/> Ticagrelor <input type="checkbox"/> Prasugrel <input type="checkbox"/> Clopidogrel <input type="checkbox"/> OR:				
	<input type="checkbox"/> ACE inhibitor <input type="checkbox"/> Statin <input type="checkbox"/> Sub-lingual GTN				
	• Review need to withhold medications ahead of angiogram/PCI <input type="checkbox"/> N/A				
Observations treatments	■ • QID or BD as indicated (<i>or as per MO*</i>), full vitals, rhythm check, circulation and pain assessment				
	▲ <input type="checkbox"/> Neurological observations post-lysis <i>*Record alterations in frequency:</i>				
	• <input type="checkbox"/> Post-angiography/PCI observations (follow local protocol) <input type="checkbox"/> N/A				
	• Assess arterial puncture site and report chest pain				
	• Assess, manage and report arrhythmia				
	• <input type="checkbox"/> BGL monitoring – frequency: <input type="checkbox"/> N/A (<i>if newly diagnosed diabetes, refer to Diabetic Educator</i>)				
	• Daily weight if evidence of heart failure <input type="checkbox"/> N/A				
Nutrition	▲ • <input type="checkbox"/> Healthy Heart <input type="checkbox"/> Other (<i>specify</i>):				
	◆ • Increase mobilisation if pain free and clinically stable				
Mobility/ elimination/ hygiene	◆ • Self-care				
	• <i>Record alterations in mobility/hygiene:</i>				
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			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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