

Rule out MI

Admit to Telemetry

- Tele-nurse may reach out to you for > 6 PVCs/min, atrial fibrillation, ventricular fibrillation, > 3 beats of VT.
- Admit as “observation status” if the patient will likely be discharged within 24 hours.

Activity

- Bed rest until ruled out (bedside commode okay for low-risk patient).
- Remember to promote ambulation once myocardial ischemia resolves.

Diet

- NPO except meds if possible cardiac catheterization or functional study in the AM. Applies to most patients, especially as ECGs and biomarkers are being trended.
- Hold beta-blockers before exercise or dobutamine stress testing.
- No nitrates or caffeine before vasodilatory (dipyridamole/ adenosine/regadenoson) pharmacologic stress testing. Beta blockers are ok (but hold if unsure what type of test until am).
- Metformin should be held in all patients in case they need to undergo coronary angiography, place on SSI; theoretical risk for lactic acidosis

Nursing

- O2 via nasal cannula, starting at 2 L/min. Goal O2 > 95%.
- ECG on admission, trend as frequently as indicated (with symptoms, to capture evolving infarct, biomarker check, etc)
- CXR on admission.
- Chest pain protocol: vital signs, ECG, NTG 0.4 mg SL q5 minutes x 3, notify MD. ECG during and upon resolution of symptoms.

Labs

- Trend troponin ~q6-8hrs until peak, chem-panel, PT/PTT, lipids, TSH, and HgA1C

- CK-MB and myoglobin are not useful in diagnosis of ACS with contemporary troponin assays.

Medications

- Aspirin 325 mg PO (chewed), 81mg thereafter
- Statin: Atorvastatin 80 mg PO
- B-blockers: Metoprolol tartrate 25-100 mg PO q12hr, consider IV if hypertensive. Target HR < 70. Avoid in bradycardia, severe bronchospasm or hypotension/concern for shock
- See Acute Coronary Syndrome: ST Segment Elevation or New LBBB for further details and contraindications.
- Pain Control (pain means ongoing ischemia/infarct):
- Reduce demand if indicated (blood pressure and heart rate control)
- Ensure proper anticoagulation (i.e. heparin is therapeutic); Plavix loading
- Nitrates (titrate up as needed): nitro SL (NTG 0.4 mg q5 minutes x 3)-> nitro paste -> nitro gtt (CCU level of care). Avoid in suspected RV infarct
- Morphine PRN (watchout for hemodynamic effects)

If in doubt, discuss with seniors!

Consult with cardiologist (i.e. catheterization, GP IIb/IIIa gtt, CCU care), especially for persistent chest pain in the concerning patient.

References

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