# CMG 16 – SUSPECTED ACUTE CORONARY SYNDROME

(Revised: November 2015)

**Acute coronary syndromes (ACS) may present as *any one or more* of the following:**

- chest pain / pressure / fullness / discomfort
- pain or discomfort in one or both arms, the jaw, neck, back or stomach
- shortness of breath
- dizziness / light-headedness
- nausea
- sweating / clamminess

**All presentations of suspected ACS should be treated in the same manner, as below.**

**Normal 12 lead ECG DOES NOT rule out ACS –**
***especially with on-going symptoms suggestive of ischaemic heart disease.***

Pain / discomfort, shortness of breath and other symptoms which are assessed as probable non-ACS (after thorough assessment) should be treated as per the appropriate guideline/s (e.g. CMG 2 pain management; CMG 9 respiratory distress, etc.).

**If in *any* doubt, treat as for ACS.**

**continues over**

| | | |
|---|---|---|
| **ICP** | 12 lead ECG<br>(perform serial 12 lead ECGs throughout contact time in symptomatic patients, especially if initial ECG was non-diagnostic) | **AP** |
| **ICP** | 15 lead ECG as appropriate:<br>• ischaemic symptoms, with S-T depression in leads V1 to V3 (indicative of potential **posterior AMI** – diagnosed in V8 – V9)<br>• inferior (II, III, aVF) S-T elevation (indicative of potential **right ventricular AMI** – diagnosed in V4R) | |
| **ICP** | Oxygen – only if $SpO_2$ is < 94% or if shocked | **AP** |
| **ICP** | Aspirin | **AP** |
| **ICP** | GTN | **AP** |
| **ICP** | Antiemetic | **AP** |
| **ICP** | Analgesia (aim to abolish pain or discomfort) | **AP** |
| **ICP** | Treat haemodynamically significant arrhythmias (as per appropriate CMG) | |
| **ICP** | If hypotensive – refer to CMG 14 (b) | **AP** |
| **S-T ELEVATION MYOCARDIAL INFARCTION (STEMI)** | | |
| **ICP** | PROMPT TRANSPORT:<br>do not delay on scene for STEMI specific treatment. Where possible, do this en route. | **AP** |
| **ICP** | Notify hospital as early as possible if STEMI is suspected. Follow “STEMI Bypass Flow Chart” | **AP** |
| **ICP** | Treat as per “Heparin Checklist” | |