# VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE

## NSTEMI/UA

The contents of this Clinical Practice Guidelines are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualized patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information. Approvals: FM 7/14; P&T 9/14; Medicine 10/14; MEC 11/14

Diagnosis of UA/NSTEMI likely or definite

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Give aspirin 162-324 mg PO/PR

- Clopidogrel if aspirin intolerant (minimum 300mg PO, 600 mg if going to PCI)
- Statin, High dose (Atorvastatin 80mg PO)
- Beta blocker if no C.I. (Metopolol)

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Call interventional cardiologist and choose management strategy:

1. Invasive: see Box 1
2. Conservative

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### Invasive strategy

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Start anticoagulation with:

1. LMWH 1mg/kg subq q12h
2. UFH 60units/kg IV bolus, then 12 units/kg/hr (preferred if PCI is imminent)
3. Fondaparinux 2.5 mg subq daily

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Prior to angiography initiate one or both*:

1. Clopidogrel 600mg PO
2. IV GP IIb/IIIa inhibitor (eptifibatide)**/+

*Give both if delay to PCI, high risk features, or early recurrent ischemic pain

**No IIb/IIIa inhibitor if given 300mg clopidogrel at least 6h earlier

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Proceed to angiography

### Conservative strategy

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Start anticoagulation with:

1. LMWH 1mg/kg subq q12h
2. UFH IV 60units/kg IV bolus, then 12 units/kg/hr
3. Fondaparinux 2.5 mg subq daily

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1. Start clopidogrel therapy 300mg PO Loading Dos

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Recurrence of CP, arrhythmia, or heart failure?

↓ NO

Myocardial perfusion stress test

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Low risk

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1. Aspirin indefinitely
2. Continue clopidogrel 75 mg PO ≥1 month; ideally up to 1 year
3. Continue UFH for 48° or administer enoxaparin or

↓ YES

Consider IIB/IIIa with IV eptifibatide

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High risk → Perform Diagnostic angiography

+ = Discuss IVGP IIb/IIIa with cardiologist prior to administration. Most useful in patients with refractory angina and angiography is imminent

BOX 1

Consider invasive strategy if:

1. Recurrent angina or ischemia at rest or low level exertion, on intensive medical therapy
2. Hemodynamic instability
3. Sustained VT
4. PCI within last 6 month
5. Prior CABG
6. High risk score (ie TIMI or GRACE)
7. Diabetes Mellitus
8. Reduced LV function
9. Mild to moderate renal dysfunction
10. Elevated cardiac biomarkers (TnI)
11. New ST segment depression
12. High risk noninvasive testing

Abbreviations: LMWH = low molecular weight heparin, i.e.enoxaparin; UFH = unfractionated

Adapted from 2012 ACCF/AHA Guidelines on UA/NSTEMI. Circulation. 2013;127:e000-e000.