



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

CMG 16 (cont) – SUSPECTED ACUTE CORONARY SYNDROME



ICP	12 lead ECG (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: <ul style="list-style-type: none"> • ischaemic symptoms, with S-T depression in leads V1 to V3 (indicative of potential posterior AMI – diagnosed in V8 – V9) • 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: 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”	