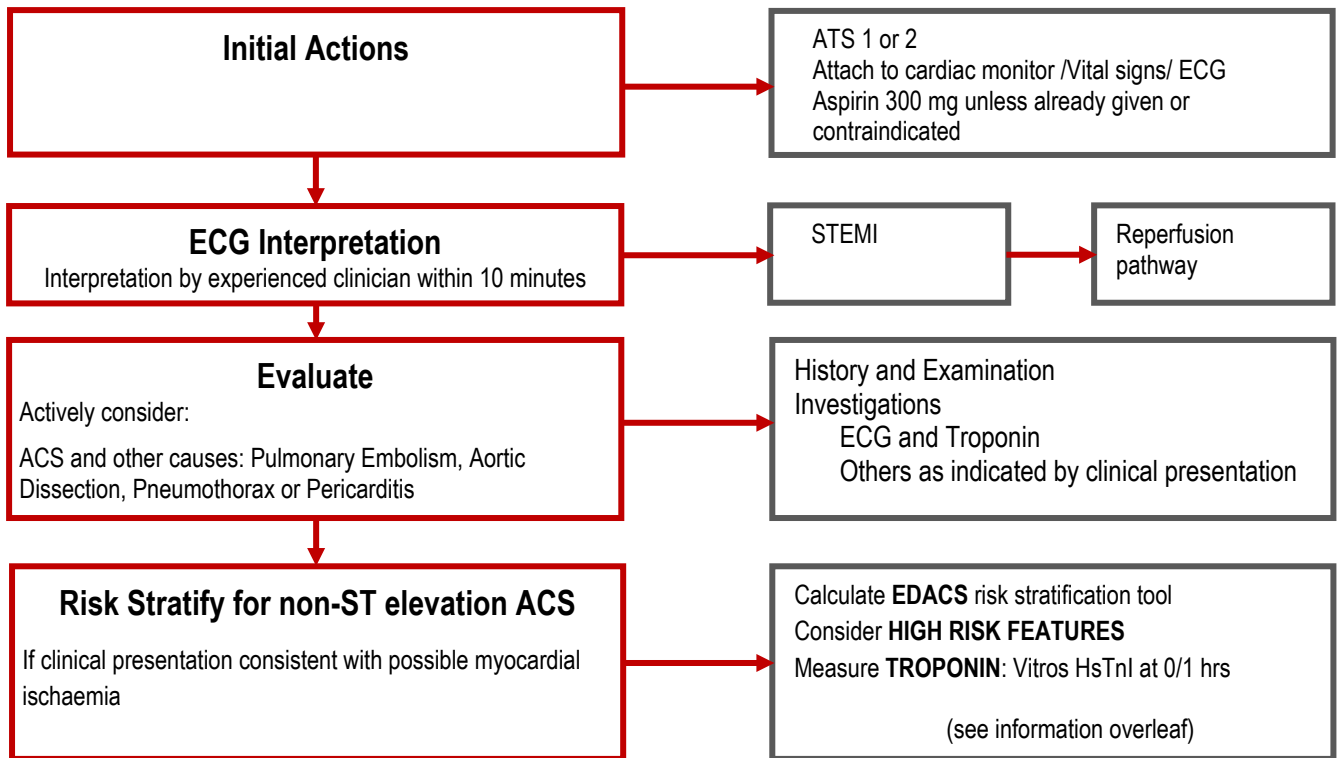


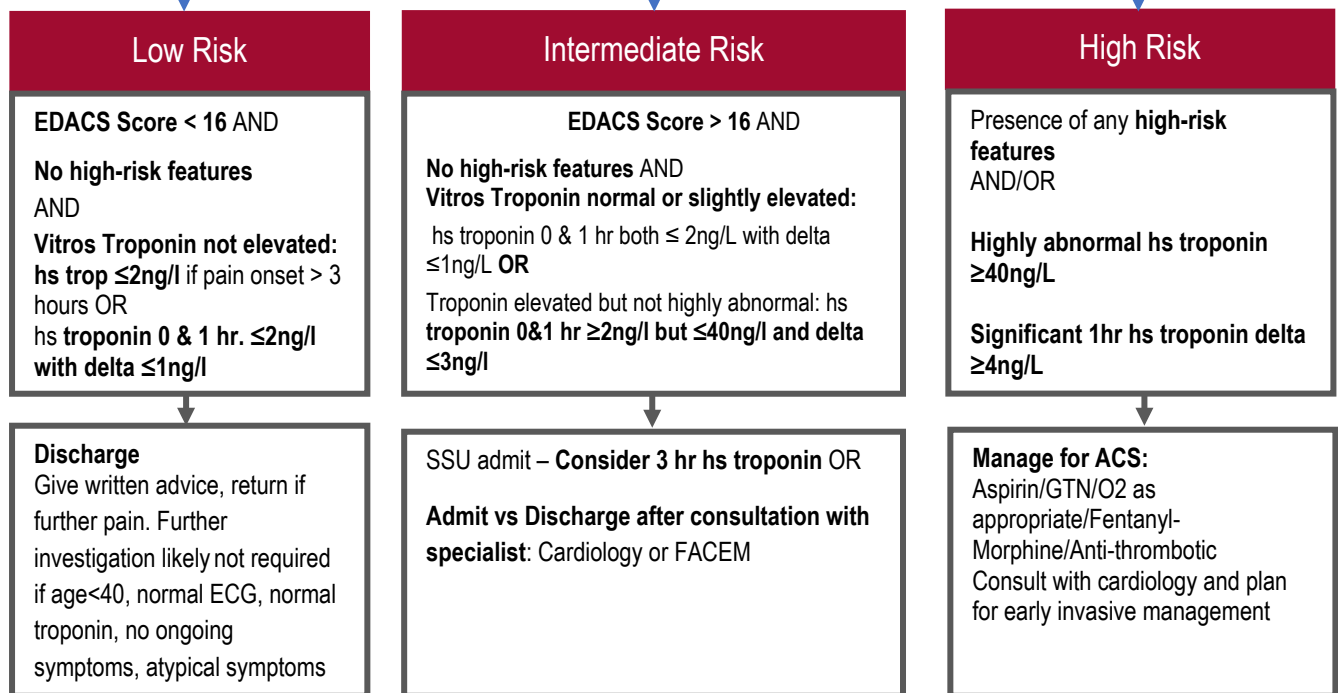


Acute Coronary Syndrome (ACS) Flowchart - Bunbury Hospital



Summative Risk Assessment

EDACS score is designed to calculate clinical risk of major cardiac event within 30 days. It does not replace clinical judgement. Any patient with a concerning clinical presentation should be treated at the clinician's discretion, regardless of the EDACS score predicted risk.



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EDACS SCORE			
Age	Score	Other Factors	Score
18 - 45	+2	Male sex	+6
46 - 50	+4	Aged 18 – 50 years and either: ▪ Known coronary artery disease or ▪ 3 or more risk factors*	+4
51 – 55	+6		
56 – 60	+8		
61 – 65	+10	Symptoms and signs	
66 – 70	+12	Diaphoresis	+3
71 – 75	+14	Radiates to arm or shoulder	+5
76 – 80	+16	Pain ** occurred or worsened with inspiration	-4
81 – 85	+18		
86+	+ 20	Pain ** is reproduced by palpation	-6
SCORE 1 =		SCORE 2 =	
TOTAL SCORE		SCORE 1 + SCORE 2 =	

***Risk factors – family history of premature CAD, dyslipidaemia, diabetes, hypertension or current smoker.**

****Pain that caused presentation to hospital**

Any High Risk Features?

- Ongoing or repeated ischaemic sounding symptoms despite treatment
- Recent acceleration of angina pain or decreased threshold
- Syncope at presentation
- Haemodynamic instability
- LVF (acute onset)
- Sustained VT > 3 beats or any VF
- AMI, PCI or CABG within last 6 months
- Ischaemic/dynamic ECG changes

Consider using online calculator.

ECG STEMI Equivalents: for Reperfusion

Diagnosis of STEMI in Left bundle branch block (LBBB) using modified Sgarbossa criteria

1. Any lead with > 1mm concordant ST elevation (QRS and ST in same direction)
- OR 2. Any lead in V₁-V₃ with > 1mm concordant ST depression (QRS and ST in same direction)
- OR 3. Any lead with ST elevation more than 25% of a preceding S wave

Posterior Infarct

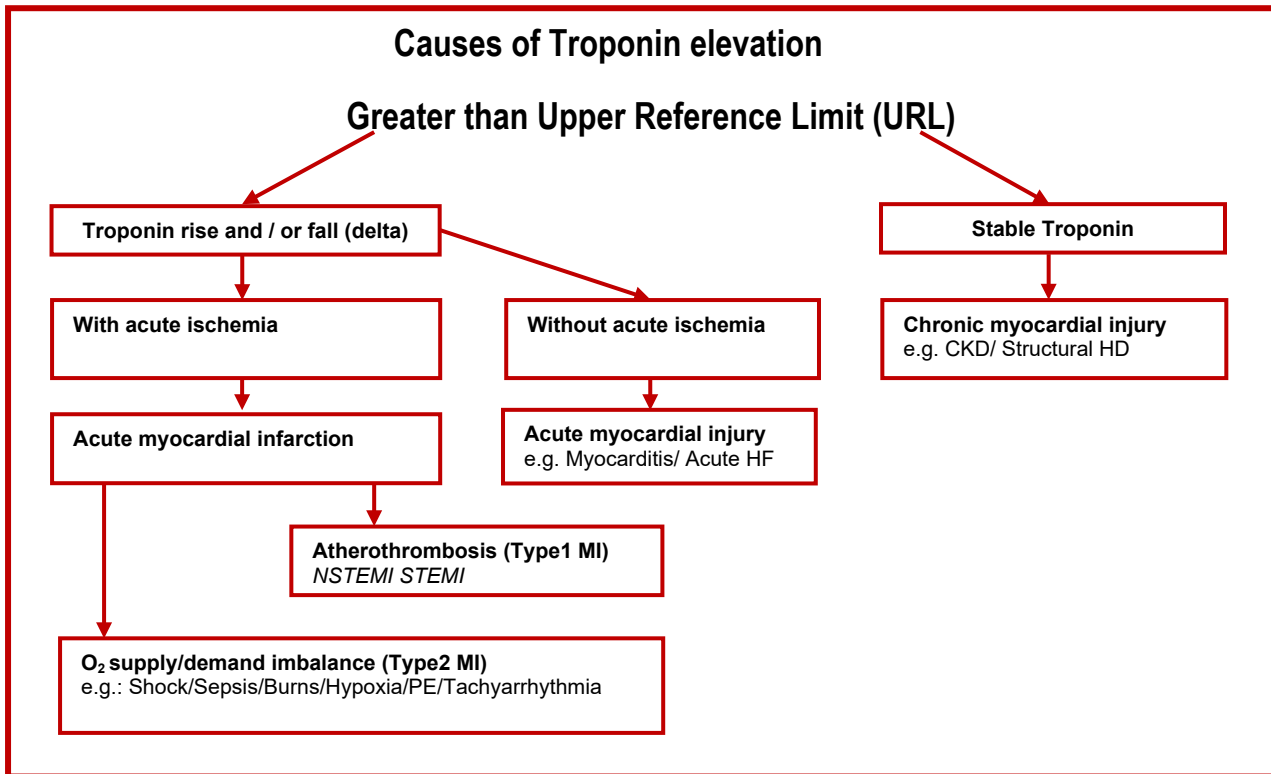
- a. R wave greater than S wave in V₁-V₂
- b. ST depression V₁-V₃ on standard ECG
- c. ST elevation V₇-V₉ on posterior ECG

de Winter T waves

- a. Up-sloping ST depression in V₂-V₅
- b. Tall T waves in chest leads: V₂-V₅
- c. Slight ST elevation aVR > 0.5mm

STEMI CRITERIA

- Symptoms of myocardial ischaemia
- AND**
- ST elevation > 1.0mm in > 2 contiguous leads except V₂ and V₃ which requires ST elevation of:
 - > 2.5mm in men under 40 years
 - > 2.0mm in men aged over 40 years
 - > 1.5mm in women
- OR**
- LBBB with positive modified sgarbossa criteria
- OR**
- Posterior infarct (ST depression V₁-V₂); do posterior ECG
- OR**
- de Winter waves V₂-V₅



Troponin values and interpretation

	Vitros
Limit of Detection (LOD)	<2ng/L
Upper reference limit (URL)	
	Male 26ng/L
	Female 16ng/L
Significant delta at 1 hour	4ng/L
Highly abnormal	>40ng/L

REFERENCES

- ACSQHC Acute Coronary Syndrome Clinical Care Standard
- Boeddinghaus et al, 2019, Clinical Use of a New High Sensitivity Cardiac Troponin I Assay in Patients with Suspected Myocardial Infarction Clin Chem Nov;65(11):1426-1436 (Summative Risk Assessment)
- Than M, Flaws D et al 2014 Development and validation of the Emergency Department Assessment of Chest pain Score and 2h accelerated diagnostic protocol Emerg Med Australas Feb;26(1):34-44 (EDACS Score Box)
- Australian Clinical Guidelines for the Management of ACS 2016 (High Risk Features)
- WACHS Chest Pain Pathway [draft v0.7 Aug 2021] (STEMI criteria & causes of Troponin elevation)
- NSW Government Pathway for Acute Coronary Syndrome Assessment (PACSA)
- Sex specific cut-offs as provided by Ee Mun Lim – HOD Clinical Biochemistry Pharmacology and Toxicology, PathWest QEII