

# Acute Coronary Syndromes

## Clinical Care Standard

The goal of the Acute Coronary Syndromes Clinical Care Standard is to improve the early, accurate diagnosis and management of an acute coronary syndrome to maximise a patient's chances of recovery, and reduce their risk of a future cardiac event.

Clinicians and health services can use this clinical care standard to support the delivery of high quality care.

### 1 Immediate management

A patient presenting with acute chest pain or other symptoms suggestive of an acute coronary syndrome receives care guided by a documented chest pain assessment pathway.

### 2 Early assessment

A patient with acute chest pain or other symptoms suggestive of an acute coronary syndrome receives a 12-lead electrocardiogram (ECG) and the results are analysed by a clinician experienced in interpreting an ECG within 10 minutes of the first emergency clinical contact.

### 3 Timely reperfusion

A patient with an acute ST-segment-elevation myocardial infarction (STEMI), for whom emergency reperfusion is clinically appropriate, is offered timely percutaneous coronary intervention (PCI) or fibrinolysis in accordance with the time frames recommended in the current National Heart Foundation of Australia/Cardiac Society of Australia and New Zealand Guidelines for the Management of Acute Coronary Syndromes.

In general, primary PCI is recommended if the time from first medical contact to balloon inflation is anticipated to be less than 90 minutes, otherwise the patient is offered fibrinolysis.

### 4 Risk stratification

A patient with a non-ST-segment-elevation acute coronary syndrome (NSTEMACS) is managed based on a documented, evidence-based assessment of their risk of an adverse event.

### 5 Coronary angiography

The role of coronary angiography with a view to timely and appropriate coronary revascularisation is discussed with a patient with a non-STsegment-elevation acute coronary syndrome (NSTEMACS) who is assessed to be at intermediate or high risk of an adverse cardiac event.

### 6 Individualised care plan

Before a patient with an acute coronary syndrome leaves the hospital, they are involved in the development of an individualised care plan. This plan identifies the lifestyle modifications and medicines needed to manage their risk factors, addresses their psychosocial needs and includes a referral to an appropriate cardiac rehabilitation or another secondary prevention program.

This plan is provided to the patient and their general practitioner or ongoing clinical provider within 48 hours of discharge.

## Questions?

For more information, please visit:

[www.safetyandquality.gov.au/ccs](http://www.safetyandquality.gov.au/ccs)

You can also contact the Clinical Care Standards project

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### Acute coronary syndromes...



include heart attacks and other blockages of the blood vessels in the heart



cause more than  
**200**  
hospital admissions per day

### Interventions to remove blockages...



save lives when given in time

are received less often by:



#### Disclaimer

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.

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