Acute coronary syndromes (ACS) are caused by a sudden reduction in blood flow to the heart. The diagnosis of ACS includes the evaluation of symptoms, clinical history, examination, electrocardiography (ECG), chest X-ray, and other investigations. Reperfusion therapy is recommended for patients with STEMI (ST-segment elevation myocardial infarction) and NSTEACS (non-ST-elevation myocardial infarction) to reduce the risk of complications and improve outcomes.

**Reperfusion therapy for STEMI:**
- Ideal scenario: STEMI diagnosis within 6 hours of symptom onset.
- Immediate reperfusion therapy (PCI or fibrinolysis) is recommended.
- PCI is preferred if available within 1 hour after symptom onset. Fibrinolysis is recommended if PCI is not available within 90 minutes (onsite) or 2 hours (offsite, including transport time).

**Reperfusion therapy for NSTEACS:**
- Objectives: Reduce the risk of complications, reduce the duration of hospitalization, and improve long-term outcomes.
- PCI is recommended for NSTEACS patients with high-risk features.
- Fibrinolysis is recommended for NSTEACS patients with low-risk features and no contraindications.

**Eligibility for Reperfusion Therapy:**
- STEMI: Patient arrives within 12 hours of symptom onset.
- NSTEACS: Presence of chest pain and at least 2 of the following:
  - New left bundle branch block
  - ST elevation ≥ 2 mm in 2 contiguous chest leads
- No contraindications to fibrinolysis or PCI.

**Contraindications to Fibrinolysis:**
- Known or suspected intra-cranial bleeding
- Known or suspected active peptic ulcer
- Recent neurological event
- Recent surgery

**Contraindications to PCI:**
- Moderate/severe aortic valve stenosis
- Severe left ventricular dysplasia
- Severe ventricular arrhythmias

**ECG Findings:**
- New Q waves
- ST-segment depression ≥ 1 mm
- ST-segment elevation ≥ 2 mm

**High-risk NSTEMI:**
- STEMI: Present within 3 hours of symptom onset.
- NSTEACS: Presence of chest pain and at least 2 of the following:
  - New left bundle branch block
  - ST elevation ≥ 2 mm in 2 contiguous chest leads
- No contraindications to fibrinolysis or PCI.

**Low-risk NSTEMI:**
- STEMI: Present within 6 hours of symptom onset.
- NSTEACS: Presence of chest pain and at least 2 of the following:
  - New left bundle branch block
  - ST elevation ≥ 2 mm in 2 contiguous chest leads
- No contraindications to fibrinolysis or PCI.