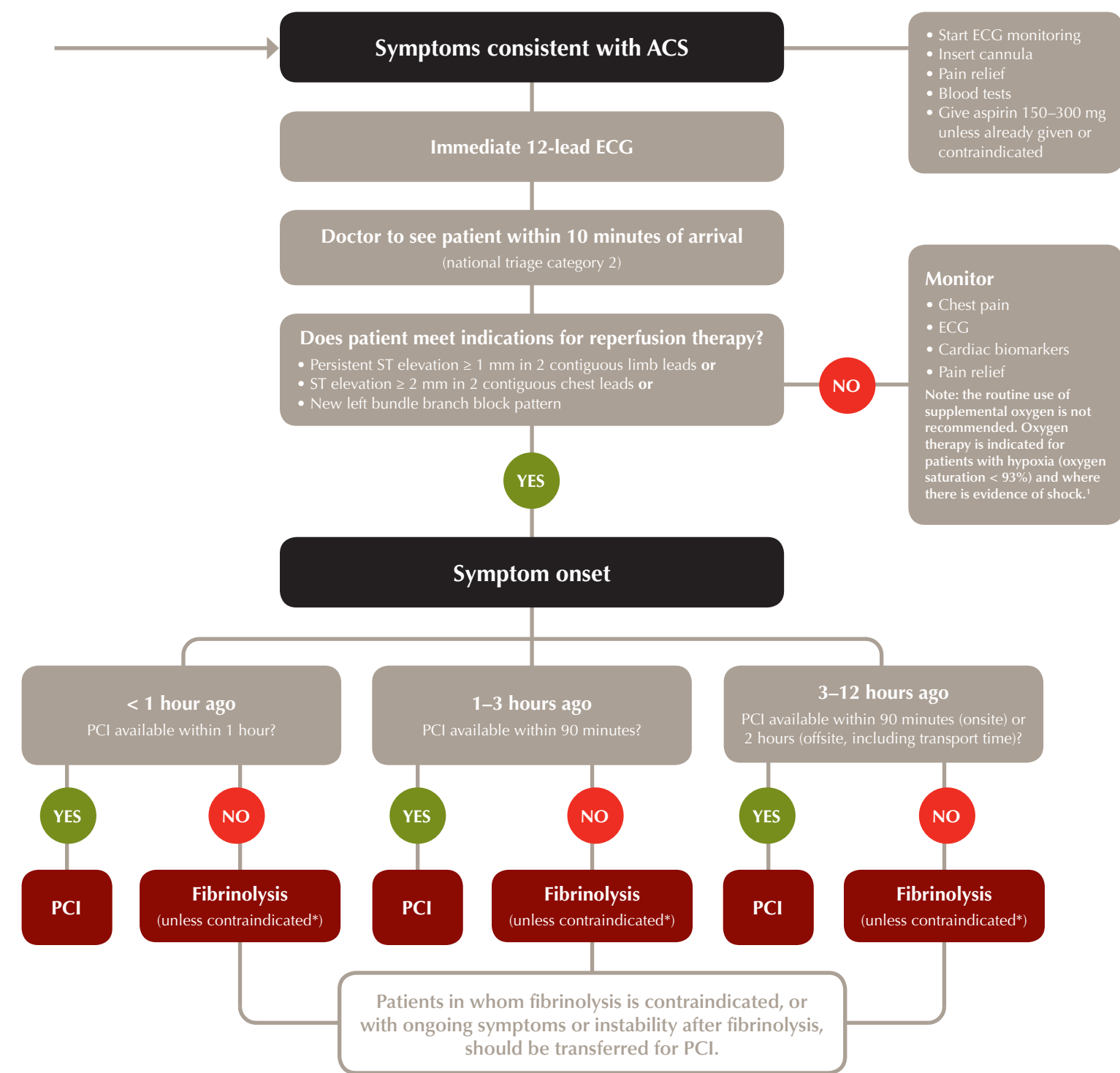


# Acute coronary syndromes treatment algorithm Updated September 2011



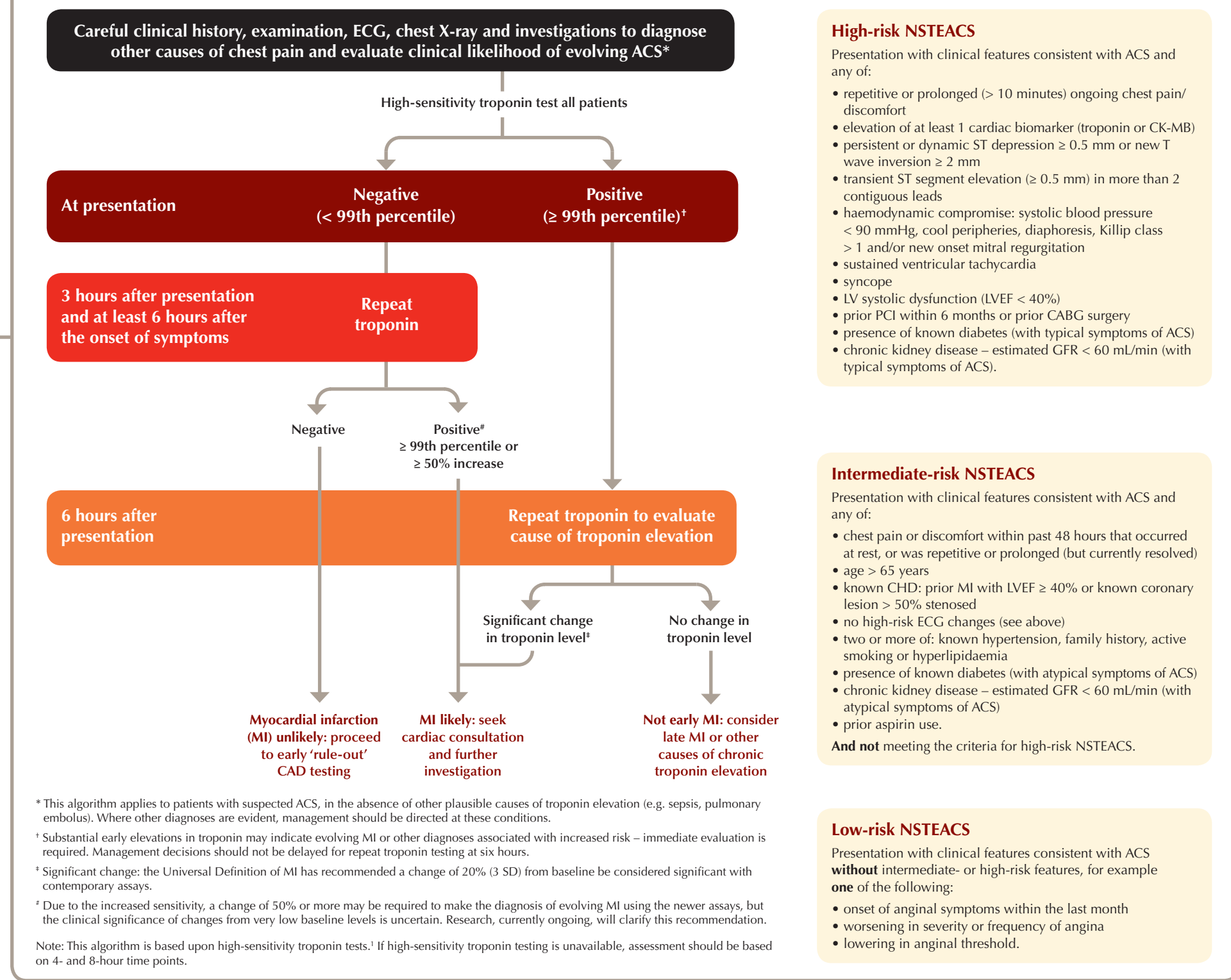
## Reperfusion therapy for ST segment elevation myocardial infarction (STEMI)



**Note**  
Reperfusion not routinely recommended after 12 hours from symptom onset if the patient is asymptomatic and haemodynamically stable.

- \* Contraindications for fibrinolysis**
- |  |   |   |
|--|---|---|
| <p><b>Absolute</b></p> <ul style="list-style-type: none"> <li>Active bleeding or bleeding diathesis (excluding menses)</li> <li>Significant closed head or facial trauma within 3 months</li> <li>Suspected aortic dissection</li> <li>Any prior intracranial haemorrhage</li> <li>Ischaemic stroke within 3 months</li> <li>Known structural cerebral vascular lesion</li> <li>Known malignant intracranial neoplasm</li> </ul> | <p><b>Relative</b></p> <ul style="list-style-type: none"> <li>Current use of anticoagulants</li> <li>Noncompressible vascular punctures</li> <li>Recent major surgery (&lt; 3 weeks)</li> <li>Traumatic or prolonged (&gt; 10 min) CPR</li> <li>Recent internal bleeding (within 4 weeks)</li> <li>Active peptic ulcer</li> <li>History of chronic, severe, poorly controlled hypertension</li> </ul> | <ul style="list-style-type: none"> <li>Severe uncontrolled hypertension on presentation (systolic <math>\geq 180</math> mmHg or diastolic <math>\geq 110</math> mmHg)</li> <li>Ischaemic stroke &gt; 3 months ago, dementia or known intracranial abnormality (not covered in 'absolute contraindications')</li> <li>Pregnancy</li> </ul> |
|--|---|---|

## Evolving risk stratification: clinical assessment, troponin assessment and time



1. Based on expert opinion

Based on the '2011 Addendum to the National Heart Foundation of Australia/Cardiac Society of Australia and New Zealand Guidelines for the Management of Acute Coronary Syndromes (ACS), 2006', published in *Heart, Lung and Circulation*, 2011;20:487–502. For more information, refer to this article or call our Health Information Service on 1300 36 27 87.

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**Note**  
All patients with ACS should be given a written chest pain action plan and referred to comprehensive ongoing prevention and cardiac rehabilitation services.