

Risk Stratification and Management of Patients With Acute Coronary Syndrome

	Extremely High Risk Features	High Risk Features	Moderate Risk Features	Low Risk Features
Historical features	Recurrent pain despite aspirin, heparin, and medical treatment	Presenting history of recurrent rest pain plus history of CAD/MI	Recurrent ischemic rest pain plus history of CAD/MI	Rest ischemic pain, no history of CAD/MI
Lab and ECG features	Elevated troponin with acutely ischemic ECG, including ST elevations with chest pain or persistent new ST depressions >0.5 mm	Elevated troponin I plus acutely ischemic-appearing ECG	Negative serial troponins with ECG showing nonspecific ST/T wave changes	Negative serial troponins and normal (or unchanged) repeat ECG
Treatment	Urgent referral for acute coronary angiography with therapeutic PTCA in a high volume center with door-to-needle time <75 minutes vs. thrombolytics (only if ST-cluster or new LBBB) plus GP IIb/IIIa, heparin, ASA, and medical treatment	Admission to the hospital plus GP IIb/IIIa, heparin, ASA, medical treatment followed by early inpatient investigation (e.g., coronary angiography vs. stress test)	Admission to the hospital plus LMWH, ASA followed by possible inpatient investigation (e.g., inpatient stress test)	ASA, medical treatment (may include low-molecular-weight heparin), telemetry observation, then outpatient follow-up and investigation

ACS = acute coronary syndrome; ASA = acetylsalicylic acid; CAD = coronary artery disease; ECG = electrocardiography; LBBB = left bundle branch block; LMWH = low-molecular-weight heparin; MI = myocardial infarction; PTCA = percutaneous transluminal coronary angiography.

Table from *Physicians Information and Education Resource (PIER), Acute Coronary Syndromes* module.