

AMI DISCHARGE CONSIDERATIONS

Medications (Document contraindications if not given)

- ◆ Beta blocker
- ◆ Aspirin - Clopidogrel if ASA contraindicated
- ◆ ACEI or ARB
- ◆ Aldosterone Blockade
- ◆ Sublingual Nitroglycerin tablets
- ◆ HMG-CoA Reductase Inhibitor
- ◆ Influenza Vaccination

Diet

- ◆ Low cholesterol/low fat diet

Physical Activity - Goal: 30 min., 7 days per week (minimum 5 days per week)

- ◆ Activity prescription or plan for stress test

Smoking Cessation Counseling

Usual and Customary Follow-up Appointments

- ◆ NSTEMI ACS: follow up 2 weeks
- ◆ Low-risk or fully revascularized: follow up 2-6 weeks

Weight Management

- ◆ Waist circumference - Men < 40 inches, women < 35 inches

Diabetes Management

- ◆ HbA1c less than 7%
- ◆ Coordination of diabetic care with patients primary care physician or endocrinologist

Lipid Management

- ◆ LDL-C substantially < 100 mg per dL

* ADAPTED FROM THE ACC/AHA JOINT GUIDELINES. 2007 UPDATE.

MANAGEMENT OF HIGH RISK PATIENTS WITH NON-ST-SEGMENT ELEVATION ACUTE CORONARY SYNDROMES¹

Chest Pain > 10 Minutes and High-risk features at presentation

- ◆ Recurrent ischemia, despite anti-ischemic therapy, or
- ◆ Elevated cardiac troponin, or
- ◆ ST-segment depression, or
- ◆ Recurrent ischemia with heart failure, or
- ◆ Hemodynamic instability



Recommended Treatment Regimen, unless contraindicated

- ◆ Aspirin
- ◆ Heparin, unfractionated heparin (UFH), or low-molecular weight heparin
- ◆ GP IIb-IIIa inhibitor or clopidogrel
- ◆ Beta blocker
- ◆ Nitrates



Early Cardiac Catheterization, if high risk or early invasive strategy is preferred



Revascularization, if coronary anatomy is suitable



- ◆ Add clopidogrel if PCI
- ◆ Withhold clopidogrel 5-7 days prior to CABG surgery
- ◆ No enoxaparin 12-24 hours prior to CABG surgery
- ◆ No abciximab if PCI is not planned
- ◆ GP IIb - IIIa inhibitors stopped 4 hours prior to CABG
- ◆ Fondaparinux stopped 24 hours prior to CABG and UFH started

¹ Adapted from Anderson, J.L., et al. ACC/AHA guideline update for the management of patients with unstable angina and non-ST-segment elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on the Management of Patients With Unstable Angina). 2007.