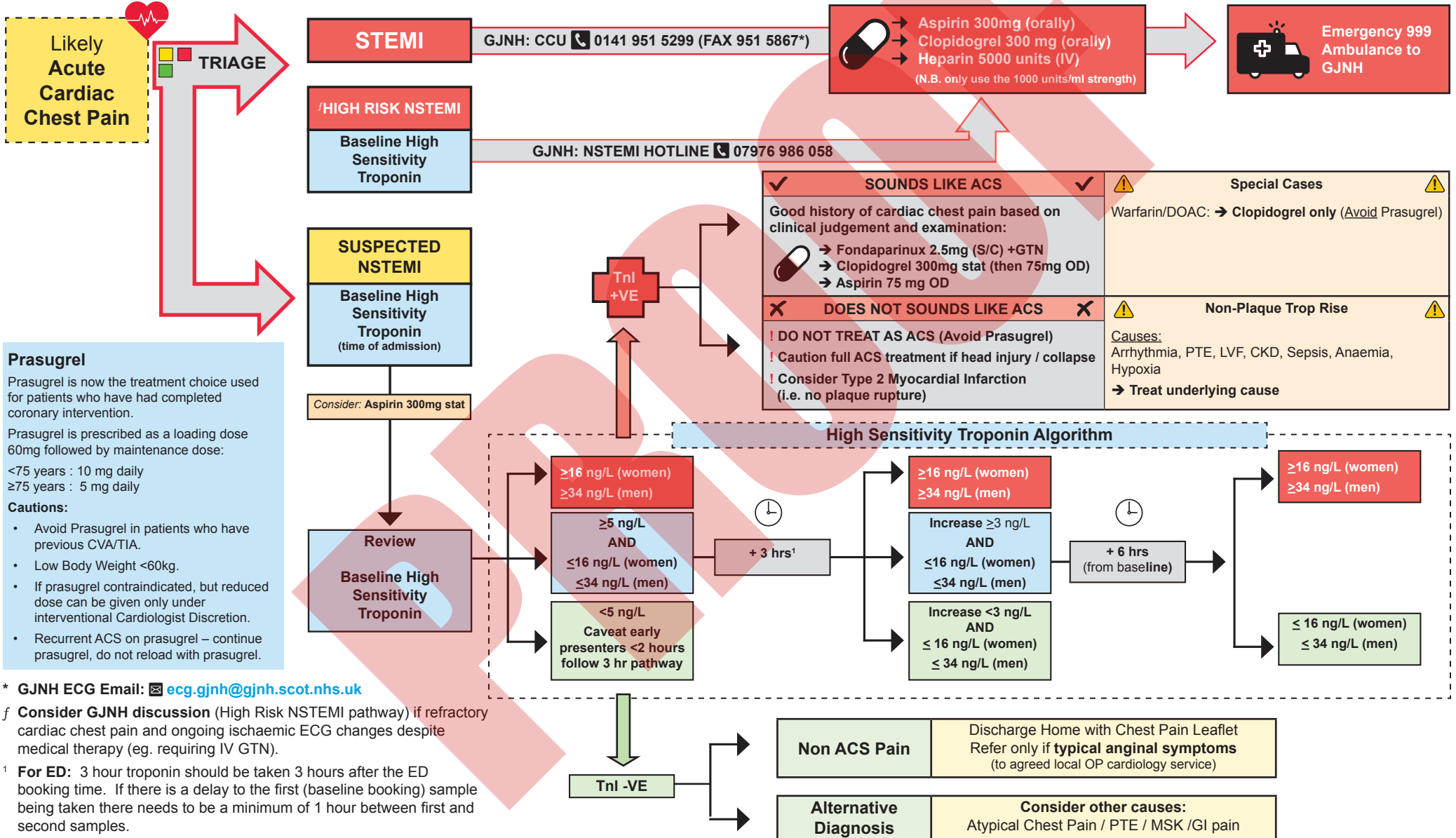


Acute Cardiac Chest Pain Guidelines

This guideline covers patients who are suspected to have acute cardiac chest pain. As of 6th November 2023, in patients with **new ACS**, clopidogrel is the first choice (not ticagrelor). Patients **post-PCI** will be commenced on prasugrel and transferred back to NHS GGC.



Prasugrel

Prasugrel is now the treatment choice used for patients who have had completed coronary intervention.

Prasugrel is prescribed as a loading dose 60mg followed by maintenance dose:
<75 years : 10 mg daily
≥75 years : 5 mg daily

Cautions:

- Avoid Prasugrel in patients who have previous CVA/TIA.
- Low Body Weight <60kg.
- If prasugrel contraindicated, but reduced dose can be given only under interventional Cardiologist Discretion.
- Recurrent ACS on prasugrel – continue prasugrel, do not reload with prasugrel.

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f Consider GJNH discussion (High Risk NSTEMI pathway) if refractory cardiac chest pain and ongoing ischaemic ECG changes despite medical therapy (eg. requiring IV GTN).

1 For ED: 3 hour troponin should be taken 3 hours after the ED booking time. If there is a delay to the first (baseline booking) sample being taken there needs to be a minimum of 1 hour between first and second samples.