NHS Greater Glasgow and Clyde

CLINICAL GUIDELINE

Acute Cardiac Chest Pain

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	2
Does this version include changes to clinical advice:	Yes
Date Approved:	17th January 2024
Date of Next Review:	30th September 2026
Lead Author:	Faheem Ahmad
Approval Group:	Medicines Utilisation Subcommittee of ADTC

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Acute Cardiac Chest Pain Guidelines

NHS Greater Glasgow and Clyde

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.

Likely **Acute Cardiac Chest Pain**

TRIAGE

STEMI → GJNH: CCU 0141 951 5299 (FAX 951 5867*)

ƒHIGH RISK NSTEMI
Baseline High Sensitivity Troponin
→ GJNH: NSTEMI HOTLINE 07976 986 058

STEMI / HIGH RISK NSTEMI:
- Aspirin 300mg (orally)
- Clopidogrel 300 mg (orally)
- Heparin 5000 units (IV)

(N.B. only use the 1000 units/ml strength)

→ Emergency 999 Ambulance to GJNH

SUSPECTED NSTEMI
Baseline High Sensitivity Troponin
(time of admission)

Consider: **Aspirin 300mg stat**

Review
Baseline High Sensitivity Troponin

TnI +VE

✓ SOUNDS LIKE ACS ✓

Good history of cardiac chest pain based on clinical judgement and examination:
- → Fondaparinux 2.5mg (S/C) +GTN
- → Clopidogrel 300mg stat (then 75mg OD)
- → Aspirin 75 mg OD

⚠ Special Cases ⚠

Warfarin/DOAC: → **Clopidogrel only**

Caveat for early presenters → (under 2 hours) Follow the 3 hour pathway

✗ DOES NOT SOUNDS LIKE ACS ✗

! DO NOT TREAT AS ACS
! Caution full ACS treatment if head injury / collapse
! Consider Type 2 Myocardial Infarction (i.e. no plaque rupture)

⚠ Non-Plaque Trop Rise ⚠

Causes:
Arrhythmia, PTE, LVF, CKD, Sepsis, Anaemia, Hypoxia

→ **Treat underlying cause**

High Sensitivity Troponin Algorithm

≥16 ng/L (women) ≥34 ng/L (men)			
≥5 ng/L AND ≤16 ng/L (women) ≤34 ng/L (men)	+ 3 hrs[1]	≥16 ng/L (women) ≥34 ng/L (men)	
		Increase ≥3 ng/L AND ≤16 ng/L (women) ≤34 ng/L (men)	+ 6 hrs (from baseline) → ≥16 ng/L (women) ≥34 ng/L (men)
			≤ 16 ng/L (women) ≤ 34 ng/L (men)
<5 ng/L Caveat early presenters <2 hours follow 3 hr pathway		Increase <3 ng/L AND ≤ 16 ng/L (women) ≤ 34 ng/L (men)	

TnI -VE

Non ACS Pain	Discharge Home with Chest Pain Leaflet Refer only if **typical anginal symptoms** (to agreed local OP cardiology service)
Alternative Diagnosis	**Consider other causes:** Atypical chest pain / PTE / MSK pain / GI pain / Aortic dissection

Note on antiplatelets

Ticagrelor, clopidogrel and prasugrel are the same class of $P2Y_{12}$ inhibitors. They should not be co-prescribed

For patients already on dual anti-platelet therapy (aspirin + 2nd anti-platelet), reload Aspirin (300 mg od and 75 mg od thereafter)

For the second antiplatelet:
- Clopidogrel → reload with 300 mg od of clopidogrel (then 75 mg od)
- Ticagrelor → continue ticagrelor, do not reload
- Prasugrel → continue prasugrel, do not reload

* **GJNH ECG Email:** ecg.gjnh@gjnh.scot.nhs.uk

ƒ **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.

Approved by: Heart MCN (September 2023)
Revision Date: September 2026

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