

Summary of NICE Guidelines

Title	Acute Coronary Syndromes (including myocardial infarction)
NICE Reference	QS 68
Date of Review:	July 2015
Date of Publication	September 2014
Summary of Guidance (Max 250 words)	<p>QS 68 covers the diagnosis and management of acute coronary syndromes (ACS; including MI) in adults aged 18 and over.</p> <ol style="list-style-type: none"> 1. Adults with a suspected ACS should be assessed for acute myocardial infarction (AMI) using the criteria in the universal definition of MI. 2. Adults with NSTEMI or unstable angina should be assessed for their risk of future adverse cardiovascular events using an established risk scoring system that predicts 6-month mortality to guide clinical management (e.g. GRACE scoring system). 3. Adults with NSTEMI or unstable angina who have intermediate or higher risk of future adverse cardiovascular events should be offered coronary angiography (with follow on PCI if indicated) within 72 hours of first admission to hospital. 4. Adults with NSTEMI or unstable angina who are clinically unstable should have a coronary angiography (with follow-on PCI if indicated) as soon as possible, but within 24 hours of becoming clinically unstable. 5. Adults who are unconscious after cardiac arrest caused by suspected acute STEMI should not be excluded from having coronary angiography (with follow-on primary PCI if indicated). 6. Adults with acute STEMI who present within 12 hours of onset of symptoms should have a primary PCI, as the preferred coronary reperfusion strategy, as soon as possible but within 120 minutes of the time when fibrinolysis could have been given.
Impact on Lab (See below)	<p>■ Moderate</p>
Lab professionals to be made aware	<ul style="list-style-type: none"> ✓ Chemical Pathologist ✓ Clinical Scientist
Please detail the impact of this guideline (Max 150 words)	<p>Statement 1 indicates that adults should be assessed for AMI using the criteria that universally define MI. A rise in cardiac biomarkers (preferably cardiac troponin) with at least 1 value above the 99th</p>

	<p>percentile of the upper reference limit and/or a fall in cardiac biomarkers, together with 1 of the following:</p> <ul style="list-style-type: none">• Symptoms of ischaemia• ECG changes indicating new ischaemia (new ST-segment-T wave changes or new left bundle branch block)• Pathological Q wave changes in the ECG• Imaging evidence of new loss of viable myocardium or new regional wall abnormality. <p>Statement 2 states that adults with NSTEMI or unstable angina should be assessed for future risk of cardiovascular events. Bloods tests for troponin I/T, creatinine, glucose and haemoglobin form part of this risk assessment.</p> <p>Healthcare professionals must have access to testing for blood-based cardiac biomarkers (preferably troponin I/ T), creatinine, glucose, and haemoglobin.</p>
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Impact on Lab

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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