

Acute coronary syndrome without ST elevation

**Aspirin[®] - Nitrate - Beta-blocker
Clopidogrel (prasugrel #) - Anticoagulation***

HIGH RISK

Recurrent severe ischemia
Hemodynamic instability
Major arrhythmias (VF, VT)

Elevated troponin
Early post infarct angina
Diabetes mellitus #

LOW RISK

No recurrent ischemia
Repetitive negative trop
No diabetes

Coronarography

Urgent (< 2h)

Early (< 72h)
(< 24h if Grace > 140)

Non-invasive testing

Consider IIB-IIIa antagonist + heparin
OR bivalirudin

*Anticoagulation: - unfractionated heparin: mainly for urgent invasive procedures
- factor-Xa inhibition: fondaparinux (+ UFH in case of PCI)
- low molecular weight heparin: enoxaparin

Prasugrel: reimbursement only in diabetic patients with PCI

ST elevation MI (<12 h after onset of pain)

Aspirin[®] - Morphine - Heparin* - Prasugrel/Clopidogrel*

**Admission in
PCI-center**

**Admission in non-PCI-center
OR
1st medical contact outside hospital**

YES

- **Transfer time to PCI center < 90 min**
(transfer time < 60 if ischemic time < 2h)
- **Hemodynamic instability**
(shock / cardiac failure/ malignant arrhythmias)
- **Contra-indication thrombolysis**

NO

Primary PCI

- **Thrombus aspiration**
- **Consider IIB-IIIa antagonists**
OR bivalirudin

Thrombolysis

Failed

Rescue PCI

Succes

**Coronaro/
PCI 3-24h**

* Primary PCI: UFH and Prasugrel 60 mg (10 mg)

* Thrombolysis: Enoxaparin and Clopidogrel 300 mg (adjusted dose if >75y)