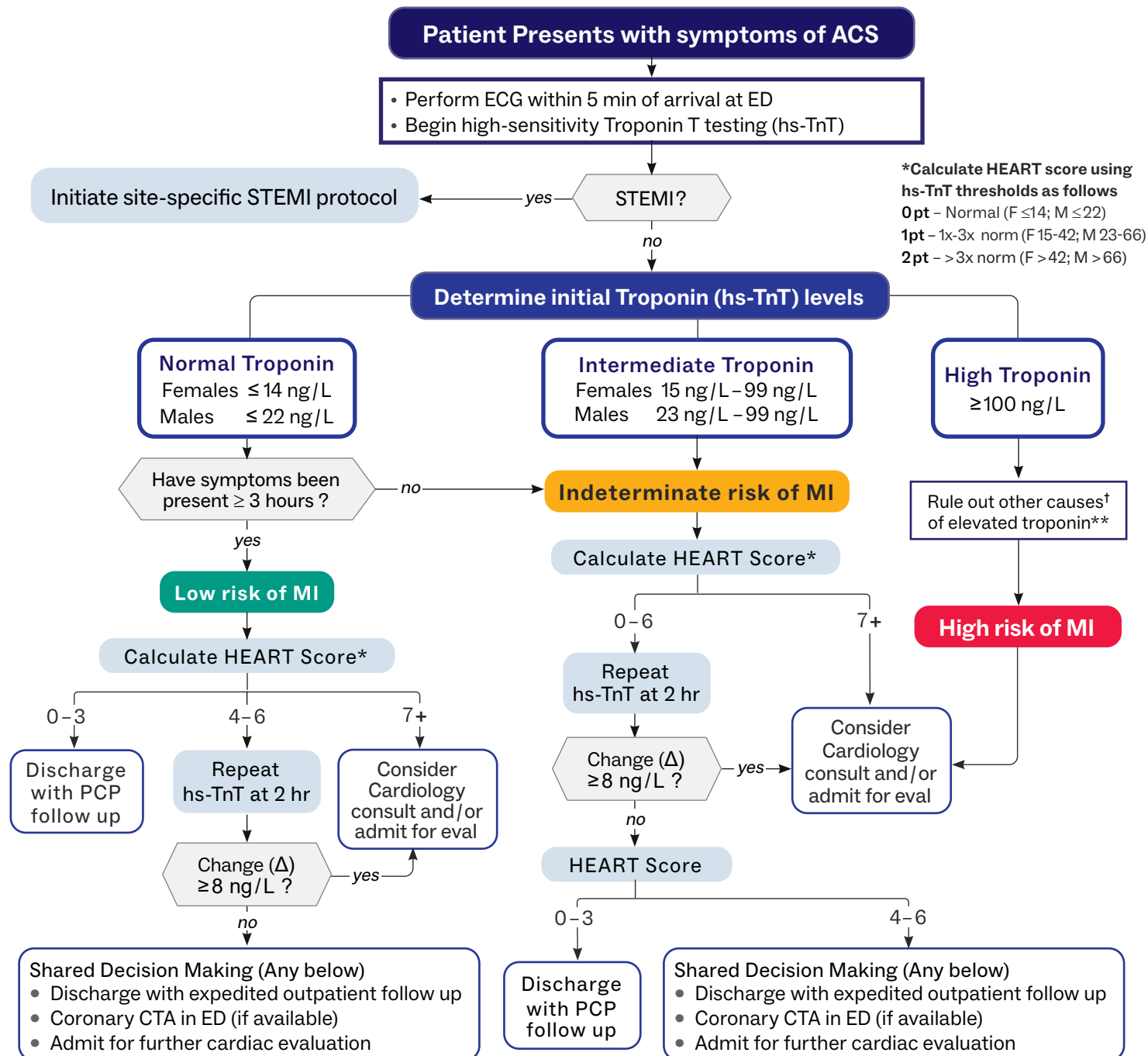


SUSPECTED ACUTE CORONARY SYNDROME (ACS) –ED AND INPATIENT

INTERMOUNTAIN CANYONS AND DESERT REGIONS ONLY



ACS
Predictive and Non-predictive Features
Predictive <ul style="list-style-type: none"> Exertional discomfort Diaphoresis Radiation of pain (arms/neck/jaw) Vomiting Dyspnea Similar to past documented AMI
Non-predictive <ul style="list-style-type: none"> Brief pain (lasting seconds) Reproducible or traumatic pain Clear non-cardiac cause (history)

† High Sensitivity Troponin ¹	
hs-TnT (ng/L)	Acute and Chronic Conditions with Elevated hs-TnT
10,000	Very large AMI, severe myocarditis
1000	Large AMI, myocarditis, Takotsubo, PE, critical illness
100	Small AMI, myocarditis, Takotsubo, PE, shock, CHF, hypertensive crisis, SAB
50	Micro AMI, myocarditis, Takotsubo, PE, shock, CHF, hypertensive crisis, SAB, stable CAD etc.
10	Stable angina, CHF, LVH, subclinical heart disease
5	Healthy individuals

¹ Wildi K. *Clinic Biochem.* 2015 Mar 1;48(4-5):218-22.

**If chronic troponin elevation is present, any change $\geq 20\%$ is significant for acute or chronic myocardial injury and may indicate AMI.

