

## **ACS pathway information sheet**

### **Which Patients should be on the ACS clinical pathway-**

Patients who present with signs or symptoms of acute ischemic heart disease are now described as having an acute coronary syndrome (ACS). This is an umbrella term that encompasses the full spectrum of disease manifestations associated with ischemic heart disease (including unstable angina, non ST segment elevation MI and ST segment elevation MI) ACS more accurately reflects the diagnostic uncertainty that exists on presentation to hospital. It emphasizes the urgent nature of the problem and its location, and it provides a starting point for a series of decisions that rapidly determine the optimal treatment and ultimate diagnosis. The ACS clinical pathway is designed to provide optimal patient care for this group of patients.

### **Using the pathway-**

The ACS pathway has been developed to address the care of the ACS patients. The ACS map will replace the Acute MI pathway. The map is based on firm scientific evidence (including but not limited to 2002 ACC/AHA Clinical Practice Guidelines for Unstable Angina and Non-ST-Segment Elevation Myocardial Infarction: ACC/AHA Guidelines for Management of ST-Elevation Myocardial Infarction. The goal of the ACS pathway is to enable us to provide the best practice for our patients.

Components of the pathway include:

- Consults
- Tests
- Assessments/Treatments
- Mobility/Safety
- Nutrition
- Psychosocial support
- Patient education
- Discharge Planning

Medications are not listed on the pathway. Medications will be written in the medical orders (see standard order sheets).

On admission to the Heart Institute, all ACS patients will start the clinical pathway on the day of admission column. This includes all patients transferred from other hospitals. This will ensure that all tests, consults and assessments will be done.

The pathway consists of 4 days. When patients are waiting for tests, interventions or surgery, hospitalization of more than 4 days may be required. If additional days are required, day 4 of the clinical pathway can be repeated. The intervention day is to be used when patients go for cath/PCI.

Some patients may also go on to have surgery.

Completion of the problem list continues to be required with use of the pathway. The pathway contains a reminder to complete the initiation/review/update of the problem list.

The pathway includes a discharge day. On discharge day it is important to complete the discharge day column, documenting that the patient has prescriptions, discharge letter, received cardiac education, and any other plans have been discussed.

Patient Education material regarding medications can be found at the following website: <http://www.healthyonario.com/english/index.asp>)

Whenever possible, best practice guidelines suggest that all patients should be discharged on ACE Inhibitors, Beta Blockers, ASA, Lipid lowering agents and an antiplatelet agent.

The GAP tool will indicate the medications the patients will take on discharge. **On discharge the gap tool must be completed and signed by both nurse and patient.**

Example of pathway

Day of admission	Day 1	Day 2	Day 3	Day 4	Additional Days	→	Discharge Day	Intervention Day
Consults								
Tests								
Assessments /Treatments								
Mobility /Safety								
Nutrition								
Psycho-social support								
Patient Education								
Discharge Planning								
Problem List								
RN Signature								

**Forms available-**

- ACS pathway
- Patient information sheet
- GAP tool
- Orders (Admission, CCU, levels, Cath, PCI, transfer to level,
- Protocols Chest Pain (CCU, levels), O2 protocol
- Flow sheet

**Guidelines for Documentation**

See procedures for using pathway

**Implementation**

All staff should familiarize themselves with the ACS clinical pathway  
 In-services will be provided; staff unable to attend in-services should read the self learning packet