ACS Initial Management

First assessment of suspected acute coronary syndrome

Cardiology | PHYSICIAN REFERENCE

First 10 minutes

- 12-lead ECG rapidly and repeat if symptoms persist; monitor, IV access, focused history/exam.
- Cardiac troponin with serial testing according to assay/pathway.

Treatment principles

- Aspirin unless contraindicated; nitrates for selected patients without hypotension/RV infarct/PDE5 interaction; oxygen only when hypoxemic.
- STEMI requires immediate reperfusion pathway; NSTEMI risk-stratify for invasive strategy.

Avoid

- Routine oxygen in normoxemia and NSAIDs for ischemic pain.

Clinical safety note

Use this as a memory aid, not a prescription. Verify current guidelines, local protocols, contraindications, renal/hepatic dosing, pregnancy status, interactions and patient-specific factors before treatment.