Sidebar D (Box 13): Results of Non-Invasive Testing

High-Risk
- Severe resting LV dysfunction (LVEF < 0.35)
- High-risk Duke treadmill score (score ≥ 11)
- Severe exercise LV dysfunction (exercise LVEF < 0.35)
- Stress-induced large perfusion defect (particularly if anterior)
- Stress-induced moderate-size multiple perfusion defects
- Large fixed perfusion defect with LV dilation or increased lung uptake (thallium-201)
- Stress-induced moderate-size perfusion defect with LV dilation or increased lung uptake (thallium-201)
- Echocardiographic wall motion abnormality (involving > 2 segments) developing at low dose of dobutamine (≤ 10 mg/kg/min) or at a low heart rate (< 120 bpm)
- Stress echocardiographic evidence of extensive ischemia

Intermediate-Risk
- Mild/moderate resting left ventricular dysfunction (LVEF = 0.35 to 0.49)
- Intermediate-risk Duke treadmill score (greater than -11 and less than 5)
- Stress-induced moderate perfusion defect without LV dilation or increased lung uptake (thallium-201)
- Limited stress echocardiographic ischemia with wall motion abnormality only at higher doses of dobutamine involving ≥ 2 segments

Sidebar E (Box 15): Definite or High Probability of CAD
- Typical angina in a male age > 50 or female age > 60
- Prior myocardial infarction or pathologic Q-waves
- Coronary arteriogram with ≥ 50% stenosis in ≥ 1 vessel(s)
- Prior coronary revascularization (PCI or CABG)
- Left ventricular segmental wall motion abnormality
- Diagnostic evidence of ischemia or infarction on cardiac stress testing

Sidebar F (Box 19): Intermediate Probability of CAD
- Typical angina in female (age < 60) male (age < 60)
- Atypical/probable angina in male of any age
- Atypical/probable angina in female age > 60
- Noncardiac chest pain in male (age > 40) female (age > 60)
- Indeterminate finding on cardiac stress testing

Sidebar G (Box 24): Low Probability of CAD
- No typical or atypical chest pain
- No history of myocardial infarction
- No family history of coronary artery disease
- No lifestyle risk factors

Sidebar H (Box 25): No Evidence of CAD
- No history of myocardial infarction
- No evidence of ischemia on stress testing
- No symptoms suggestive of ischemia

For Management of AMI, Unstable Angina/ NSTEMI, Stable Angina & Follow-Up of Patient with IHD See Respective Pocket Guides

VA/DoD Clinical Practice Guideline
Management of Ischemic Heart Disease (IHD) – Core Module Pocket Guide

INITIAL EVALUATION

ERs
Emergency Intervention for Acute Coronary Syndrome
- Cardiac monitor
- O:
  - Chew aspirin 160–325 mg
  - In access
  - 12-lead ECG
  - Obtain lab test (cardiac specific enzymes)
- SL-NTG, if no contraindication
- Adequate analgesia
- ACLS intervention
- Chest X-ray, if available
- Arrange transportation

Patient’s Vital Signs
- Pulse ≥ 110 or ≤ 55 beats per minute
- Systolic blood pressure ≥ 200 or < 90 mm Hg
- Diastolic blood pressure ≥ 110 mm Hg
- Respiratory rate > 24 or ≤ 10 inspirations per minute
- Oxygen saturation ≥ 90 percent
- Irregular pulse

AND/OR

Patient’s Appearance
- Unconscious or lethargic
- Has severe respiratory distress or respirations appear labored
- Appears cyanotic, pale, or gray
- Appears diaphoretic
- Is in extreme pain or exhibits visible distress

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Sidebar C (Box 6): DIAGNOSIS OF ACS

A diagnosis of ACS is made if at least one major criterion or at least one minor criterion from both columns I and II is present.

### Pretest Likelihood of CAD in Symptomatic Patients According to Age and Sex

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-39</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>40-49</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>50-59</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>60-69</td>
<td>27</td>
<td>14</td>
</tr>
</tbody>
</table>

- Each value represents the percent with significant CAD on catheterization. (Bold = Low; Italics = High)
- No data exist for patients less than 30 years or greater than 69 years, but it can be assumed that prevalence of CAD increases with age.
- In a few cases, patients with ages at the extremes of the decades listed may have probabilities slightly outside the high or low range.

### Definitions of Angina Symptoms

<table>
<thead>
<tr>
<th>Typical angina (definite)</th>
<th>If all three of the primary symptom characteristics are present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atypical angina (probable)</td>
<td>If any two of the three primary symptom characteristics are present</td>
</tr>
<tr>
<td>Probable non-cardiac chest pain</td>
<td>If provocation by exertion or emotional distress or relief by rest or nitroglycerin is present and one or more symptom characteristics suggesting non-cardiac pain are present</td>
</tr>
<tr>
<td>Definitely non-cardiac chest pain</td>
<td>If none of the primary symptom characteristics are present and one or more symptom characteristics suggesting non-cardiac pain are present</td>
</tr>
</tbody>
</table>

The three primary symptom characteristics:
- Substantial chest or arm discomfort with a characteristic quality and duration
- Provoked by exertion or emotional stress
- Relieved by rest or nitroglycerin

Symptom characteristics that suggest non-cardiac pain: (but do not exclude diagnosis of CAD)
- Peptic ulcer pain (i.e., sharp or knife-like pain brought on by respiratory movements or cough)
- Primary or sole location of discomfort in the middle or lower abdominal regions
- Pain that may be localized at the tip of one finger, particularly over the intercostal or the left ventricular (LV) apex
- Pain reproduced with movement or palpation of the chest wall or arms
- Constant pain that lasts for many hours
- Very brief episodes of pain that last a few seconds or less
- Pain that radiates into the lower extremities

(Modified from the ACC/AHA Stable Angina Guideline [1999], Table 5 and ACC/AHA UA - NSTEMI guideline [2002], pages 11-12.)