Product	Generic name	Dosing
Oral antiplatelet therapy		
Aspirin®	ASA	oral dose of 150-325 mg or IV dose of 250-500 mg
Plavix®	clopidogrel	loading dose of 300 mg (600 mg) followed by 75 mg/day
GP IIb/IIIa inhibiton		
Reopro®	abciximab	0.25 mg/kg IV bolus followed by infusion of 0.125 µg/kg/min
Aggrastat®	tirofiban	0.4 mg/kg/min for 30 min followed by an infusion of 0.1 µg/kg/min Half infusion dose if GFR < 30 ml/min
Integrelin®	eptifibatide	180 µg/kg IV bolus (2nd bolus after 10 min for PCI) followed by infusion of 2.0 µg/kg/min Half infusion dose if GFR 30-60 ml/min, contra-indication if GFR < 30 ml/min
Anticoagulants		
Heparin	Unfract.Heparin	60-70 U/kg followed by 12-15 U/kg/h (aPTT 1.5-2.5x control)
Clexane®	enoxaparin	1 mg/kg SC every 12h, if GFR < 30 ml/min: 1 mg/kg/24h SC In case of fibrinolysis: **< 75 years**: 30 mg IV bolus + 1 mg/kg/12h SC **≥ 75 years**: no bolus, 0.75 mg/kg/12h SC **If GFR < 30 ml/min** 30 mg IV bolus + 1 mg/kg/24h SC no bolus, 1 mg/kg/24h SC
Arixtra®	fondaparinux	2.5 mg SC/day. In case of PCI, add 50 U/kg heparin to prevent catheter thrombosis
Angiox®	bivalirudin	0.1 mg/kg IV bolus followed by infusion of 0.25 mg/kg/h in case of PCI: 0.75 mg/kg IV bolus followed by infusion of 1.75 mg/kg/h Reduction of infusion rate to 1.0 mg/kg/h if GFR < 30 ml/min
Fibrinolytic agents		
Actilyse®	alteplase	1) 15 mg bolus 2) 0.75 mg/kg over 30 min (max 50 mg) 3) 0.50 mg/kg over 60 min (max 35 mg)
Rapilysin®	reteplase	2 x 10 IU IV bolus with an interval of 30 min
Metalyse®	tenecteplase	single IV bolus: < 60 kg: 30 mg; 60-70 kg: 35 mg; 70-80 kg: 40 mg 80-90 kg: 45 mg; > 90 kg: 50 mg
Anti-angina agents		
Cedocard®	isosorbidedinitraat	0.5-2 µg/kg/min
Corvaton®	molsidomine	0.5-2 µg/kg/min
Opioids		
Morphine HCL	morphine	4-8 mg IV bolus

Edition 2009

Management of Acute Coronary Syndromes

Recommendations of the Belgian Interdisciplinary Working Group on Acute Cardiology

BIWAC

www.biwac.be

Acute coronary syndrome without ST elevation

Aspirin® - Nitrate - Beta-blocker
Clopidogrel - Anticoagulation*

HIGH RISK

- Recurrent severe ischemia
- Hemodynamic instability
- Major arrhythmias (VF, VT)
- Elevated troponin
- Early post infarct angina
- Diabetes mellitus

→ IIb-IIIa antagonist + heparin or bivalirudin

→ Coronarography

→ Urgent for highest risk

→ Elective (<72h) for other

LOW RISK

- No recurrent ischemia
- Repetitive negative troponin
- No diabetes

→ Non-invasive testing

* **Anticoagulation**:
- Low molecular weight heparin: Enoxaparin
- Factor-Xa inhibition: Fondaparinux
  → mainly for patients with high bleeding risk (e.g. elderly women, GFR < 60 ml/min)
- Unfractionated heparin:
  → mainly for urgent invasive procedures

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

Aspirin® - Morphine - Clopidogrel* - Heparin°

Admission in PCI-center

→ **Primary PCI**
Consider IIb-IIIa antagonists or bivalirudin

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

- **Hemodynamic instability** (shock / cardiac failure/ malignant arrythmias)
- **Contra-indication thrombolysis**
- **Transfer time to PCI centre < 60 min**

→ YES → **Primary PCI**

→ NO → **Transfer to PCI center**
mainly if transfer time < 90'; ischemia > 3h

→ NO → **Thrombolysis**
mainly if transfer time > 90'; ischemia < 3h

→ Failed → **Rescue PCI**

→ Successful → **Elective (3-24h) Coronarography**

* Clopidogrel dose:
- Primary PCI: 300-600 mg
- Thrombolysis: 300 mg if < 75y, 75 mg if > 75y

° UHF for primary PCI,
Enoxaparin for thrombolysis