ACS without ST elevation

Aspirin - Nitrate - Beta-blocker
Clopidogrel / Prasugrel° -Anticoagulation *

HIGH RISK

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

IIB -IIIA antagonist + hep or bivaluridin

Coronarography

Urgent — **Elective (<72h)**

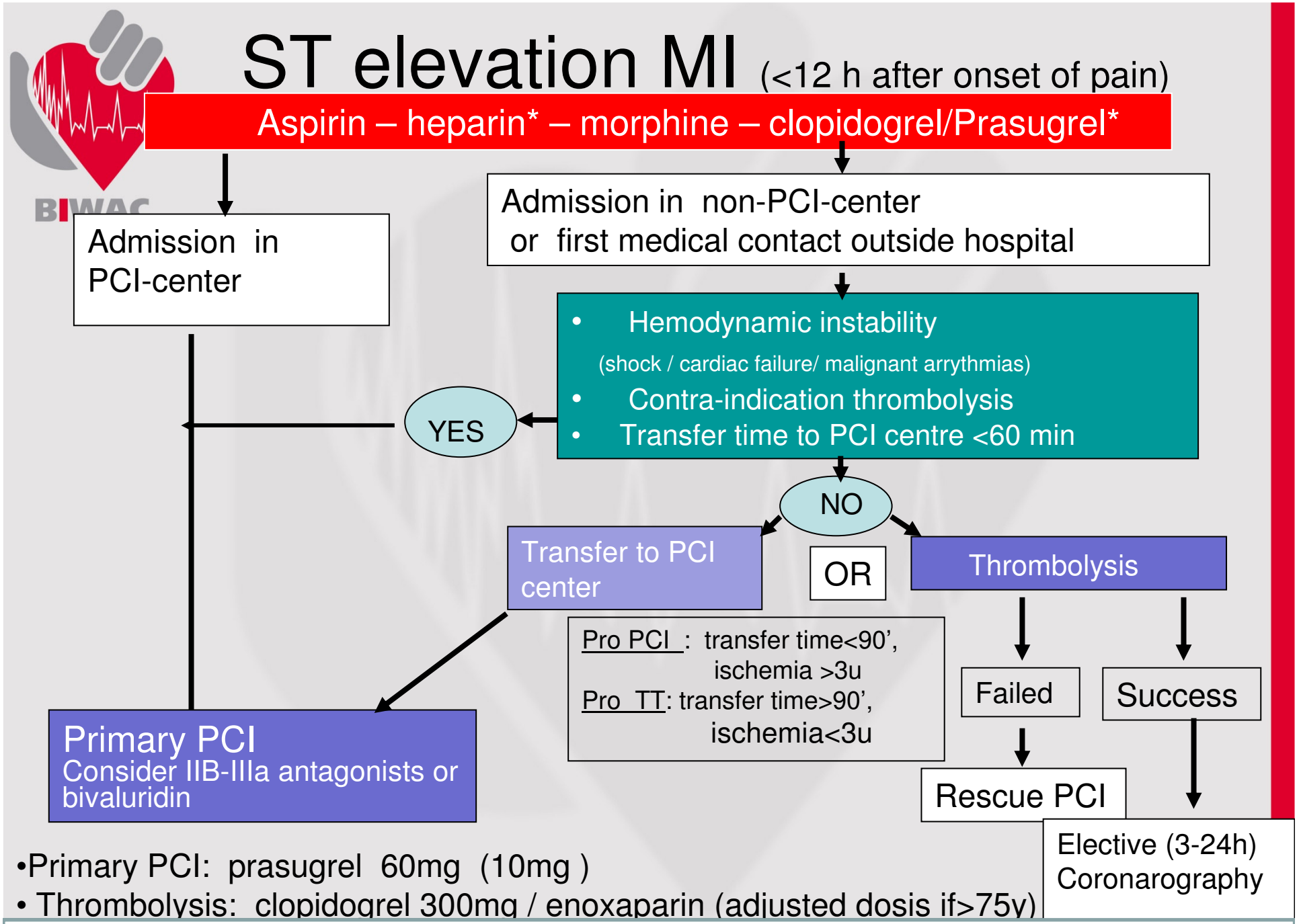
LOW RISK

- No recurrent ischemia
- Repetitive negative trop
- No diabetes

Non-invasive testing

*Anticoagulation: - low molecular weight heparin: enoxaparin
- factor-Xa inhibition: fondaparinux
mainly for patients with high bleeding risk (elderly women, GFR < 60 ml/min)
- unfractionated heparin: mainly for invasive urgent procedures

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



•Primary PCI: prasugrel 60mg (10mg)
• Thrombolysis: clopidogrel 300mg / enoxaparin (adjusted dosis if>75y)

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