

VA/DoD Clinical Practice Guideline for the Management of Ischemic Heart Disease - Core Module Key Points

INITIAL EVALUATION

- Triage patients with possible acute myocardial infarction (MI) or unstable angina for evaluation and treatment
 - Initiate O₂, intravenous access and continuous electrocardiogram (ECG) monitoring
 - Obtain 12-lead ECG
 - Institute advanced cardiac life support, if indicated
 - Perform expedited history & physical to:
 1. R/O alternative catastrophic diagnoses (pericarditis, pericardial tamponade, thoracic aortic dissection, pneumothorax, pancreatitis, & pulmonary embolus)
 2. Elicit characteristics of MI
 3. Determine contraindications to reperfusion therapy
 - Administer the following:
 - Non-coated aspirin (160 to 325 mg)
 - Nitroglycerin (spray or tablet, followed by IV, if symptoms persist)
 - Beta-blockers in the absence of contraindications
 - Determine if patient meets criteria for emergent reperfusion therapy:
 - History of discomfort consistent with ischemia or infarction
- AND**
- ECG finding of ongoing ST-segment elevation in 2 or more leads or left bundle branch block
- Ensure adequate analgesia (morphine, if needed)
 - Obtain serum cardiac markers (troponin or CK-MB)
 - Identify and treat other conditions that may exacerbate symptoms

RISK STRATIFICATION: NON-INVASIVE EVALUATION (CARDIAC STRESS TEST)

Indications for Non-Invasive Evaluation:

- Establish or confirm a diagnosis of ischemic heart disease
- Estimate prognosis in patients with known or suspected IHD
- Assess the effects of therapy.

Patients with contraindications to exercise testing should undergo pharmacologic stress testing with an imaging modality

Establishing diagnoses:

- Is most useful if the pre-test probability of coronary artery disease (CAD) is intermediate (10% to 90%)
- Should generally not be done in patients with very high or very low probabilities of CAD

Variables useful in estimating prognosis include:

- Maximum workload achieved
- Heart rate and blood pressure responses to exercise
- Occurrence, and degree of ST-segment deviation
- Occurrence and duration of ischemic symptoms
- Size and number of stress-induced myocardial perfusion or wall motion abnormalities

VA access to full guideline: <http://www.oqp.med.va.gov/cpg/cpg.htm>
DoD access to full guideline: <http://www.QMO.amedd.army.mil>

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