The clinical pathway of Acute Coronary Syndrome
Clinical Pathways definition

Clinical reasoning

literature guidelines

consensus

Clinical pathway

consensus

controls
Clinical Pathways definition

Documents

01 - Pathology description
02 - Clinical reasoning
03 - Guidelines searching strategy
04 - Admission/Discharge criteria
05 - Clinical pathway
06 - matrix of responsibility
07 - controls
1. ECG within 5 minutes
2. Thrombolytic agent within 30 minutes (Oryx)
3. PTCA (hemodynamics unit) within 30' (Oryx)
4. Time to CABP (after PTCA) (1 day)
5. Time to CABP after angiography (7 days)
6. ASA at arrival (24h before-after admission) (Oryx)
7. ASA at discharge (if not contraindicated) (Oryx)
8. ACEI at discharge (if LVSD e EF <40%)(Oryx)
9. b-blockers at arrival (24h before-after admission) (Oryx)
10. B-blockers at discharge (Oryx)
11. Smoking cessation advise (Oryx)
12. Observance of the indications to PTCA
13. Observance of the indications to fibrinolysin
14. Evidence of decision taken on ST-guard
CONTROLS

Clinical database Indicators

1. % AMI with PTCA
2. % AMI with PTCA and CABP
3. % AMI with PTCA and CABP within 24h
4. Length of stay of AMI with PTCA
5. AMI mortality (Oryx)
6. AMI with PTCA mortality (Oryx)

Audit check-list

- The clocks at Emergency /Hemodynamics / ECG are synchronized?
- The Clinical Pathway is present, known, updated?
- Time of arrival at Hemodynamics is recorded in the clinical folder?
- Were all the working nurses trained for the ST guard?
Clinical questionnaire

Which of the following question is true for the use of beta-blockers in patient with AMI?

1. Early treatment doesn’t change the survival, as far as it is given at the symptoms onset of hypertension.
2. Use of beta-blockers with intrinsic sympathicotonic activity significantly reduce one-year mortality.
3. In 1000 patients with AMI six-month treatment with beta-blockers prevents 4 deaths and one-year treatment 13 deaths.

Which of the following question is true for the use of ACEI in patient with AMI and LVSD?

1. In 1000 patients with AMI prolonged treatment with ACEI prevents 72 deaths
2. Use of ACEI in all patients with AMI significantly reduces reinfarction rates
3. Use of ACEI is recommended in all patients with LVSD <40%
Acute Coronary Syndrome

% AMI treated with PTCA

<table>
<thead>
<tr>
<th>Year</th>
<th>NUM</th>
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<tbody>
<tr>
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Acute Coronary Syndrome

LOS  IMA with PTCA

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<th>Year</th>
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Mortality in all patients

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Mortality in patients under 65

Year | NUM | DEN
--- | --- | ---
2001 | 11  | 454
2002 | 11  | 471

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Acute Coronary Syndrome

Mortality in patients over 65

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### Acute Coronary Syndrome

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### Mortality IMA with PTCA

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CONCLUSIONS

1. The clinical pathway increased the accessibility to PTCA in A.C.S.
2. has helped in increasing the efficiency, by reducing the LOS
3. has contributed towards lowering the mortality
4. Mortality lowering concerned patients over 65
5. Mortality lowering is likely due to the increase of ACS treated with PTCA (PTCA is a low-mortality technique).

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