



QUALITY SCORE CARD FOR NON-STEMI*

- EKG within 10 minutes of presentation
- Appropriate use of IIb/IIIa Agents
- Appropriate aspirin use
- Appropriate beta blocker use
- Appropriate heparin/enoxaprin/fondaparinux use

Contraindications: For all of the agents listed, known hypersensitivity or allergy to the drugs is a contraindication. For specific agent contraindications, refer to the package inserts. The following is a list of common contraindications to the various agents and is not meant to be exhaustive:

IIb/IIIa inhibitors: Bleeding from any source that could become life threatening, recent surgery (less than 6 weeks), recent ischemic stroke, any history of hemorrhagic stroke, severe thrombocytopenia <50,000.

Aspirin: Bleeding from any source that is non-compressible, asthma (use with caution), active peptic ulcer disease, recent ocular surgery.

Beta Blockers: Hypotension, Bradycardia, Severe 1st degree heart block $pr > 0.24$, 2nd degree and 3rd degree heart block, severe COPD, severe asthma

Heparin/Enoxaparin: Bleeding as defined above, history of Heparin Induced Thrombotic Thrombocytopenia syndrome (HITT), Enoxaparin IS NOT an acceptable alternative for patients with a prior history of HITT from unfractionated heparin.

Fondaparinux: Bleeding as above, severe renal failure, recent neural procedures, recent surgery. This agent IS an acceptable alternative for patients with a history of HITT syndrome.

* This tool is designed to enhance the system performance for ACS care. It is not used to identify individual providers or hospitals as outliers to the care of ACS patients, but rather, focuses the entire team of care providers on the critical elements that will improve patient outcomes and survival. The tool should be used by all members of the continuum of care, and reviewed after every patient is treated. The tool can then identify system issues that can be enhanced and improved upon for subsequent patients. The system goal for patients should be 90%. Each successful case should be celebrated. It is important to note that documentation of contraindications to the various agents meets the quality criteria requirements. Appropriate is defined as: Therapy that has a class I or II indication according to the ACC/AHA practice guidelines for therapy.