

## Appendix B

### Risk of death or non-fatal MI in patients with Unstable Angina (UA)/NSTEMI

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#### High-Risk ACS

Prolonged chest pain either > 20 minutes or ongoing, with one or more of the following high-risk features:

- Acute myocardial infarction within the past 4 weeks
- Pain with ST abnormalities on the ECG
- ECG:
  - transient ST-segment elevation or depression > 0.5 mm
  - sustained ST-segment depression > 0.5 mm
  - T-wave inversion > 1 mm in > 5 leads
  - deep (e.g. > 5 mm) T-wave inversion
  - recurrent myocardial ischemia with ECG ST-segment shift with or without pain
- Positive cardiac biomarkers:
  - troponin level or CK-MB index is clearly positive with compatible history
- Hemodynamic compromise with ongoing chest pain: heart failure/hypotension

#### 30-Day Rate of Death or Myocardial Infarction: 12-30 %

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#### Intermediate-Risk of ACS (recommendations are for functional assessment within 48hrs)

No high-risk features, but one or more of:

- Ongoing chest pain
- Crescendo angina preceding rest pain
- Previous intervention: percutaneous transluminal coronary angioplasty/coronary artery bypass surgery
- Known coronary disease, two or more risk factors for coronary heart disease (CHD)
- Increased baseline risk: e.g. diabetes, elderly

#### 30-Day Rate of Death or Myocardial Infarction: 4-8 %

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**Low-risk of ACS** (can be discharged with a recommendation for a functional assessment as soon as possible (within 1 month), with subsequent office follow-up)

No high- or intermediate-risk features:

- Chest pain: single episode at rest (resolved), crescendo exertional angina
- ECG: normal or non-specific abnormalities, or unchanged from previous
- Normal cardiac biomarkers

#### 30-Day Rate of Death or Myocardial Infarction: <2 %

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Reference:

Fitchett D, Goodman S, Langer A. New advances in the management of acute coronary syndromes: Matching treatment to risk. CMAJ 2001;164(9):1309-16.