

Clinical and ECG variables useful for assessment of patients presenting with symptoms suggestive of ACS**Characteristics of chest pain in patients with ACS^{1,3}**

- prolonged anginal pain at rest (>20 minutes)
- new-onset angina (Class III Canadian Cardiovascular Society) - marked limitations of ordinary physical activity i.e. angina on walking
- recent destabilisation of previously stable angina with at least CCS III angina characteristics (crescendo angina)
- post-MI angina with longer and more frequent episodes of pain
- chest pain associated with haemodynamic instability
- chest pain associated with nausea, vomiting, dyspnoea or diaphoresis

Risk factors for coronary artery disease**Modifiable**

- smoking
- hypertension
- diabetes mellitus
- impaired glucose tolerance
- obesity

Non-modifiable

- past history of ischaemic heart disease
- family history of ACS in first-degree relative <55 years of age
- male gender
- age
- premature menopause
- ethnicity

ECG changes associated with NSTEMI-ACS^{1,3}

- ST segment depression >0.5 mm (0.05 mV) in two or more contiguous leads, in the appropriate clinical context, is suggestive of NSTEMI-ACS and is linked to patient prognosis. (ST depression of >1 mm is associated with an 11% risk of 1-year mortality or subsequent MI.) See figure 3, p27
- deep symmetrical T wave inversion >2mm in the precordial leads, see figure 4, p27