

CAU Admission Criteria

Acute Coronary Syndromes

- Pts with non-ST-elevation myocardial infarction (NSTEMI) or unstable angina (UA) defined as crescendo angina, typical chest pain at rest or dynamic EKG changes.
- Pts with NSTEMI defined as either typical chest pain/history compatible with angina or dynamic EKG changes AND positive troponin.
- Pts with ongoing chest pain requiring IV NTG.
- Pts with abnormal cardiac testing (including ischemia [not scar] on stress test or obstructive lesions on CTA) where cardiac catheterization is very likely or planned.
- Admission to Medicine Service:
 - Patients with NSTEMI or ACS and significant co-morbidities that are best treated medically (i.e. DNR/DNI, decline cath, significant co-morbidity precluding cath)
 - Non-cardiac conditions (i.e. PE, sepsis, etc.) can be associated with troponin elevation and the underlying cause has to be treated prior to further cardiac work up

CHF/Valvular Disease

- Pts with acute, decompensated CHF AND SBP<115 mmHg or BUN>40 or Crea>1.8.
- Patients with marked volume overload or BNP>700.
- Patients requiring BiPAP treatment for pulmonary edema.
- Pts with severe, decompensated valvular disease defined as severe aortic stenosis WITH chest pain, syncope or CHF OR severe mitral regurgitation with CHF.

EP

- Pts admitted for EP procedure
- ICD shocks/ PPM or ICD malfunction
- Anti-arrhythmic drug loading
- Atrial fibrillation with uncontrolled ventricular rate.
- Recurrent SVT requiring IV drugs to terminate.
- Cardiac syncope with high risk features (abnormal EKG, cardiomyopathy, prior MI, long QT, wall motion abnormality on echo)
- ICD/PPM pocket infection
- 2nd or 3rd degree AV block NOT requiring temporary pacing.
- Marked QTc prolongation >500 ms

“There can be no general guidance on appropriateness of treatment – whether to be commenced, continued, withheld or withdrawn – because appropriateness should always reflect the individual circumstances and these will vary.”