2025 ACC/AHA/ACEP/NAEMSP/SCAI guideline for the management of patients with acute coronary syndromes: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines.

Guideline ID: 488 Published: 2025 Apr

American Heart Association (AHA) | American College of Cardiology (ACC) | American College of Emergency Physicians (ACEP) | National Association of EMS Physicians (NAEMSP) | Society for Cardiovascular Angiography and Interventions (SCAI)

Rao SV, O'Donoghue ML, Ruel M, et al. 2025 ACC/AHA/ACEP/NAEMSP/SCAI guideline for the management of patients with acute coronary syndromes: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation. 2025 Apr;151(13):e771-e862. PubMed

View Original Guideline

Overview

Guideline Objective

To provide updated recommendations on the management of type 1 acute myocardial infarction (AMI)

Note: It can be challenging to differentiate type 1 versus type 2 MI. In cases of uncertainty and depending on the benefits/risks of a specific diagnostic or therapeutic intervention, it may be appropriate to err on the side of considering an event a type 1 acute coronary syndrome (ACS) event until established to be otherwise.

Patient Population

Patients with, or at risk of developing, cardiovascular disease (CVD)

Recommendations

Recommendation Statements

Major interventions covered in this guideline include:

- Initial evaluation and management of suspected acute coronary syndromes (ACS)
- Treatment options for ST-segment elevation myocardial infarction (STEMI) and non–ST-segment elevation ACS (NSTE-ACS)
- STEMI management, including reperfusion strategies at PCI- and non-PCI-capable hospitals
- Timing for use of routine or selective invasive approach for NSTE-ACS
- Catheterization laboratory considerations, including vascular access, aspiration thrombectomy, intracoronary imaging, and multivessel CAD
- Management of ACS, including cardiogenic shock, mechanical/electrical complications, and in-hospital issues
- Discharge, including long-term management and secondary prevention strategies

Note: Full recommendation statements have not been provided because this guideline does not meet EGT's systematic review of the evidence criteria. Refer to the original guideline for more information.

Evidence Rating Scheme

Refer to the original guideline documentation for more information.

Recommendation Rating Scheme

Refer to the original guideline documentation for more information.

Related Content

Supporting Documents

- Correction; 2025 Apr.
- Supplemental Appendix. Evidence Table.
- The Original Guideline is also available from the *Journal of the American College of Cardiology (JACC)*; 2025 Jun.
- Methodology Manual and Policies From the ACCF/AHA Task Force on Practice Guidelines; 2010 Jun.

Implementation Tools

- Top Things to Know: 2025 Guideline for Acute Coronary Syndromes; 2025 Feb 27.
- Clinical Update Slide Set.
- Acute Coronary Syndromes Collaborator Infographic.
- JACC Guideline-at-a-Glance; 2025 Jun.
- JACC Guideline Hub.
- Video; 2025 Feb 27.
- JACC Podcast; 2025 Jun 2.
- AHA Guidelines On-the-Go available for Android and iOS.
- ACC Guideline Clinical App for Android and iOS.
- The Original Guideline includes the following:
    - Figure 3. Initial Assessment of Patients With Suspected ACS (p. e784)

- Figure 4. Initial Choice of P2Y12 Inhibitor in Patients Not Requiring an Oral Anticoagulant (p. e790)
- Figure 5. Management of Lipid-Lowering Therapy for Patients With ACS (p. e798)
- Figure 6. Care System Pathway for Patients Experiencing Ischemic Symptoms Suggestive of ACS (p. e802)
- Figure 7. Selection of a Routine Invasive Versus Selected Invasive Strategy in Patients With NSTE-ACS (p. e808)
- Figure 8. Selection and Timing of an Invasive Strategy in NSTE-ACS (p. e810)
- Figure 11. DAPT Strategies in the First 12 Months Postdischarge (p. e828)

Patient Education

- Key Patient Messages: 2025 Acute Coronary Syndromes Guideline; 2025 Feb 27.

Note: This patient information is intended to help patients better understand their health and their diagnosed disorders. Patients and their representatives should still consult with a licensed health care professional for evaluation of treatment options as well as answers to their personal medical questions.

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