**Glycoprotein IIb/IIIa Receptor Antagonist for Acute Coronary Syndromes**

**Indications:** In combination with Heparin for the treatment of acute coronary syndromes, including unstable angina and non-Q-wave AMI and for those patients who are to be managed medically and those undergoing PTCA or artherectomy.

**Contra-indications:**
1. Known hypersensitivity.
2. Active internal bleeding or a history of significant bleeding within the previous 30 days.
3. History of intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation or aneurysm.
4. History of thrombocytopenia following prior exposure to Aggrastat, Integrelin or ReoPro.
5. History of CVA within 30 days or any history of hemorrhagic stroke.
6. Major surgical procedure or severe physical trauma within previous month.
7. History, symptoms or findings suggestive of aortic dissection.
8. Severe HTN (systolic BP > 180 mmHg and/or diastolic BP > 110 mmHg).

**Adverse Effects:** Bleeding, edema/swelling, hypotension, bradycardia, pain, dizziness, sweating, nausea.

**Administration:** All may be used with ASA and Heparin

- **Integrelin (Eptifibatide):** IV bolus 180 mcg/kg, then continuous IV infusion of 2 mcg/kg/min, up to 72 hours.
- **Aggrastat (Tirofiban):** IV 0.4 mcg/kg/min for 30 minutes then 0.1 mcg/kg/min; give ½ dose in renal disease.
- **ReoPro (Abciximab):** IV 250 mcg (0.25 mg) /kg bolus, then continuous IV infusion of 10 mcg/min for up to 12 hours.

**Procedure:**
1. Follow protocol for **Interfacility Patient Transfer**.
2. Maintain appropriate delivery rate by dial-a-flow or IV infusion pump, if prospectively trained in its use.
3. Monitor V/S every 5-10 min.
4. Discontinue after notifying appropriate medical facility if patient develops severe hypotension, active bleeding or hypersensitivity.