**OP 2: Selected aspects of inward patients' care adopted in the management of patients with acute coronary syndrome, admitted to National Hospital of Sri Lanka (NHSL)**

*Ariyarathne AMN1, Abeysena C2*

*'Trainee in MSc Community Medicine, PGIM, University of Colombo*

*2Department of Public Health, Faculty of Medicine, University ofKelaniya*

Objective: To describe selected aspects of inward patients' care adopted in the management of patients with acute coronary syndrome (ACS) admitted to NHSL.

Methods: This was a hospital-based descriptive cross sectional study carried out in two settings of NHSL, cardiology unit and medical wards, during September to October 2009. The sample consisted of 345 patients, who were diagnosed as ACS. A record data sheet was used to collect the data related to the inward care. Accepted indicators based on the national and international guidelines were used to describe the management.

Results: Median duration of the hospital stay was 3 days (range 1 to 12 days). Most of the patients (93.6%) were given aspirin within 3 hours of arrival to the hospital. But a statistically significant difference was observed with regards to the time of start and continuity of aspirin in the two settings and both values were low in-medical wards. Twelve-lead ECG was not done in 59.1% (n=153) within 20 minutes of arrival to the hospital, exceeding the target value in the guidelines. Fibrinolytic therapy was given to 77.6% (n=66) out of 85 eligible patients and only in 18.4% (n=9) patients within 30 minutes after arrival to the hospital. Fifty four patients (87.1%) in the medical wards and 12 patients (52.2%) in the cardiology unit were given fibrinolytic therapy and this difference was statistically significant. Assessment of left ventricular function was done only in 15.3% (n=53) patients and a statistically significant low number was observed in medical wards 10.3% (n=27) while in the cardiology unit it was 31% (n=26). Beta blockers 61.7% (n=213), ACE inhibitors 86.4% (n=298), statins 94.5% (n=326) and aspirin 97.7% (n=337) were given during the hospital stay and the figures were in par with the guidelines except for beta blockers.

Conclusions: Some of the processes of inward care in the management of ACS did not meet the guideline recommendations and adherence to the guidelines was dissimilar in the two settings.