Appendix- I DEFINITIONS TO BE USED FOR STEMI-ACT	
STEMI ACS	Patients with typical chest pain with ECG evidence of ST segment elevation $\geq 1 \text{mv}$ in standard leads and $\geq 2 \text{mm}$ in chest leads would be diagnosed as STEMI.
NSTEMI	Patients with typical chest pain associated with ST depression and or T wave inversion would be labeled with NSTEMI and would be given loading dose of dual antiplatelet agents and referred to ACS enabled ACS centers in the district
Suspected Chest pain	Chest pain not typical of angina based on presence of two out of three characteristics; site, character, aggravating and relieving factor, without ECG changes
Non-cardiac chest pain	chest pain not suggestive of angina assessed on these three characteristics, without ECG changes would be labeled as non-cardiac chest pain
	 Detection of rise and/or fall of cardiac biomarkers
	 (preferably troponin) with at least one value above the 99th percentile of the upper refer ence limit (URL) together with evidence of myocardial ischaemia with at least one of the following: Symptoms of ischaemia; ECG changes of new ischaemia[new ST -T changes or new left bundle block (LBB)}; Development of pathological Q waves in ECG; Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. Sudden unexpected cardiac death, involving cardiac arrest, often with symptoms suggestive of myocardial ischaemia and accompanied by presumably new ST elevation, or new LBBB, and/or evidence of fresh thrombus by coronary angiography and/or autopsy, but death occurring before blood samples could be obtained or at a time before the appearance of cardiac biomarkers in the blood.
	 For percutaneous coronary interventions (PCI) in patients with normal baseline troponin values, elevation of cardiac biomarkers above the 99th percentile URL are indicative of peri-procedural myocardial necrosis For coronary artery bypass grafting (CABG) in patients
	 with normal baseline troponin values, ele vation of cardiac markers above the 99 th percentile URL are indicative of peri-procedural myocardial necrosis Pathological findings of an acute myocardial infarction
	Criteria for prior myocardial infarction
	 Any one of the following: Development of new pa thological Q waves with or without symptoms
	 Imaging evidence of a region of loss of viable myocardium that is thinned and fails to contract, in the absence of non-ischaemic cause Pathological findings of a healing myocardial infarction

ST elevation ²⁰	New ST-elevation at the J point in two contiguous leads with the cut off points: $\geq 0.2 \text{ mV}$ in men or $\geq 0.1 \text{ mV}$ in women in leads $V_{2-}V_3$ and/or $\geq 0.1 \text{ mV}$ in other leads
ST depression and T - wave changes ²⁰	New horizontal or down sloping ST-depression ≥ 0.05 mV in two contiguous leads; and/0r T inversion ≥ 0.1 mV in two contiguous leads with prominent R-wave or R/S ratio >1
ECG changes associated with prior myocardial infarction	Any Q-wave in leads $V_{2\text{-}}V_3 \geq 0.02$ s or QS complex in leads V_2 and V_3
	Q-wave ≥0.03 s and ≥0.01 mV deep or QS complex in leads I, II, aVL, aVF, or V $_4$ -V ₆ in any two leads of a contiguous lead grouping (I, aVL, V ₆ , V ₄ -V ₆ , II, III and aVF)
	R-wave ≥0.04 s in V $_{1}$ -V $_{2}$ and R/S ≥1 with a concordant positive T-wave in the absence of a conduction defect
Unstable angina	Presence of angina chest pain in individuals with known CAD or patients who have undergone prior PCI or CABG. Angina chest pain with transient ST changes or T wave inversions.
Stroke	Clinical diagnosis with definitive neurological signs and symptoms lasting 24 hours or more. Although not an absolute requirement, centers will be encouraged to confirm strokes with computerized tomography (CT) or magnetic resonance imaging (MRI). Strokes will be sub - classified as: a) hemorrhagic (CT / MRI confirmed), b) ischemic (CT / MRI confirmed), or c) unclassified.
Cardiac arrest	Defined as a) Ventricular fibrillation, b) sustained pulseless ventricular tachycardia, or c) asystole followed by successful resuscitation
Cardiogenic shock	Persistent h ypotension (Systolic BP < 90 mmHg), unresponsive to fluid administration and requiring IV inotropic therapy or insertion of an intra -aortic balloon pump.
Significant or major bleeding	as bleeding requiring more than 2 units of red blood cells or equivalent whole blood transfusion
Deaths	Will be categorized as possibly cardiovascular and non - cardiovascular.