Recommendation	Strength of recommendation	Certainty of evidence
People with symptoms and ECG changes consistent with ACOMI require urgent reperfusion. Do not use further steps in a clinical decision pathway.	Strong	Very low
People presenting with acute chest pain or other symptoms suggestive of ACS without definite ACOMI should receive care guided by an evidence-based clinical decision pathway that includes assay-specific troponin results to categorise people as high, intermediate or low risk.	Consensus	
A high-sensitivity troponin-based clinical decision pathway is recommended, using the 0/1-hour or 0/2-hour strategy, or the high-sensitivity troponin in the evaluation of patients with acute coronary syndrome (High-STEACS) algorithm.	Consensus	
When contemporary troponin assays are used, a clinical decision pathway incorporating formal clinical scorebased risk stratification is recommended.	Consensus	