

Supplemental Online Content

Chew DP, Hyun K, Morton E, et al. Objective risk assessment vs standard care for acute coronary syndromes: a randomized clinical trial. *JAMA Cardiol*. Published online December 9, 2020. doi:10.1001/jamacardio.2020.6314

eFigure. AGRIS worksheet

This supplemental material has been provided by the authors to give readers additional information about their work.

Online Supplement eFigure 1: AGRIS worksheet

Hospital Name
 AGRIS Study Worksheet Page 1

Please File in Medical Record

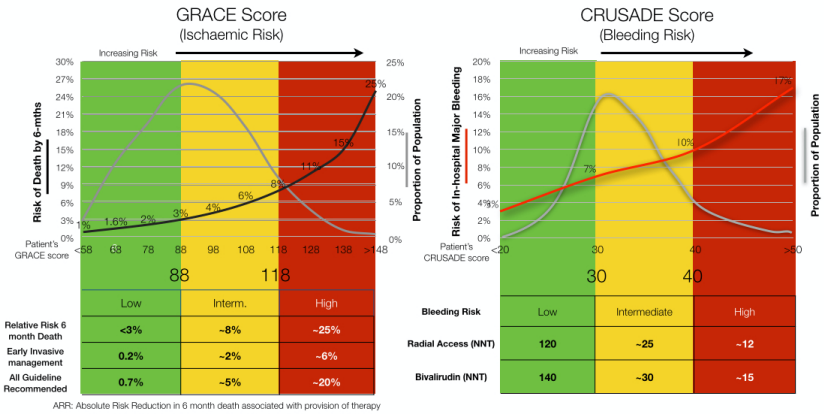
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 First Name
 DOB: 01/02/34

Step 1: Use the following table to calculate patient's GRACE Risk Score and CRUSADE Bleeding Risk Score

Age (years)	points	Patient	Base Hct% (points)	Patient
<40	0		<31	9
40-49	18		31-33.9	7
50-59	36		34-36.9	3
60-69	55		37-39.9	2
70-79	73		>40	0
80+	91			
HR (bpm)	points	Patient	eGFR (ml/min)	points
<70	0		≤15	39
70-89	7		>15-30	35
90-109	13		>30-60	28
110-149	23		>60-90	17
150-199	36		>90-120	7
>200	46		>120	0
SBP (mmHg)	points	Patient	Heart Rate (bpm)	points
<80	63		≤70	0
80-99	58		71-80	1
100-119	47		81-90	3
120-139	37		91-100	6
140-159	26		101-110	8
160-199	11		111-120	10
>200	0		>120	11
Creatinine (umol/L)	points	Patient	SBP (mmHg)	points
0-34	2		≤90	10
35-70	5		91-100	8
71-105	8		101-120	5
106-140	11		121-180	1
141-176	14		181-200	3
177-353	23		>200	5
≥354	31			
Clinical points	Patient	Clinical points	Female	points
Killip Class I	0		CCF	8
Killip Class II	21		Vasc Disease	7
Killip Class III	43		CRUSADE	
Killip Class IV	64			
ST Deviation	30			
Troponin (+)	15			
Cardiac Arrest	43			
GRACE Score				

Notes on using scores:
 • Use haemodynamic characteristics at the time of presentation
 • Killip Class I= Clear lung fields,
 • Killip Class II= Crepitations in lower ones
 • Killip Class III= Creps in the Upper Zones
 • Killip Class IV: Pulmonary Oedema or Cardiogenic Shock
 • ST deviation= ST elevation or Depression >1mm
 • STEMI and NSTEMI in Bleeding score are mutually exclusive. Score STEMI if there is any ST elevation.

Step 2: Use the nomograms below to estimate the patient specific risk and estimated benefit from guideline recommended therapies



The GRACE Score is:
 The Risk Strata is: **Low (≤88)**
Intermediate (89-118)
High (>118)

The CRUSADE Score is:
 The Risk Strata is: **Low (≤30)**
Intermediate (31-40)
High (>40)

Hamm CW, Bassand JP, Agewall S, et al. ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation. European Heart Journal. 2011;32:2999-3054.
 Fox KAA, Dabbous OH, Goldberg RJ, et al. Prediction of risk of death and myocardial infarction in the six months after presentation with acute coronary syndrome: prospective multinational observational study (GRACE). BMJ. 2006;333:1091-1091.
 Subramanian S, Bach RG, Chen AV, et al. Baseline Risk of Major Bleeding in Non-ST-Segment-Elevation Myocardial Infarction: The CRUSADE (Can Rapid risk stratification of Unstable angina patients Suppress Adverse outcomes with Early implementation of the ACC/AHA guidelines) Bleeding Score. Circulation. 2009;119:1873-1882.

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Step 3: Specific recommendations to consider based on scores

Step 4: Confirm intended therapies

Please tick (✓) intended utilisation for guideline recommendations below

LOW	INTERMEDIATE	HIGH	Commentary	Intended	Not Intended	Contra-indicated; (Please state reason)
Aspirin	Aspirin	Aspirin	Unless contraindicated, allergy, high bleeding risk			
Ischaemia testing			Reserve for low risk			
	Clopidogrel or Ticagrelor with aspirin	Clopidogrel or Ticagrelor with aspirin	Initiate soon after establishing diagnosis			
	Prasugrel with aspirin	Prasugrel with aspirin	May consider in Primary PCI for STEMI, and NSTEMI/ACS for undergoing PCI			
	Low molecular weight heparin or UF heparin	Low molecular weight heparin or UF heparin	Consider in patients with biomarker elevation and/or dynamic ECG changes			
	Coronary Angiography	Coronary Angiography	If Intermediate risk (GRS>89) and no contra-indication to coronary angiography, consider angiography within 96 hours (NICE guidance)			
		Coronary Angiography within 24 hours	If very high risk (GRS>140) and no contra-indication to coronary angiography, consider angiography within 24hours of admission			
	Bivalirudin	Bivalirudin	For patients undergoing coronary angiography if at high risk of bleeding			
		Glycoprotein IIb/IIIa inhibitors	Consider at the time of PCI, but balance against bleeding risk			
Assessment of left ventricular function	Assessment of left ventricular function	Assessment of left ventricular function	All patients unless recently performed			
ACE inhibitor/ARB	ACE inhibitor/ARB	ACE inhibitor/ARB	Indicated in Hypertension, Diabetes, LV dysfunction			
B Blockers	B Blockers	B Blockers	Indicated in all MI, UA with LV dysfunction			
Statins	Statins	Statins	All patients unless not tolerated			
Cardiac rehabilitation	Cardiac rehabilitation	Cardiac rehabilitation	Give advice on follow-up, management of cardiovascular risk factors, management/information concerning their medications, life style changes			

Signature (Medical):
 Role: Date:

Signature (Nursing):
 Role: Date:

Supplementary Figure 3: Duration of site recruitment among hospitals randomized to Active (Implementation of GRACE risk scoring) and Control

