



Waitemata
District Health Board

Best Care for Everyone

First Name:	_____	Gender:	_____
Surname:	_____		
AFFIX PATIENT LABEL HERE			
Date of Birth:	_____	NHI#:	_____
Ward/Clinic:	_____		
		Consultant	_____

North Shore Hospital

Chest Pain Rapid Assessment Process (RAP)

For patients with possible Ischaemic heart disease

Brief, focussed clinical assessment prior to full evaluation by the treating clinician.
All patients presenting with chest pain including GP referrals, to be RAP'ed in ED.
Does NOT constitute a full clinical admission note

☒ = Yes

☒ = Yes

Date:	Time:	EMS/ SMO:	Sign:	3366
<input type="checkbox"/> EM Patient <input type="checkbox"/> GP referral: General Medicine				

Red flags / concerns	<input type="checkbox"/> STEMI on ECG → STOP! → Move to resus → Reperfusion call	
<input type="checkbox"/> Concerning chest pain	<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> Ischaemic Δ on ECG
<input type="checkbox"/> Hx suggestive of unstable / crescendo angina	<input type="checkbox"/> Systolic BP < 90	<input type="checkbox"/> Heart rate < 40 or > 130
<input type="checkbox"/> Change in mental state	<input type="checkbox"/> Hypoxia SPO2 < 90% O/A	<input type="checkbox"/> Other:

<input type="checkbox"/> No Red flags - continue	Any Red flags → Not for Chest Pain Pathway → Remove Chest pain RAP Treatment Pathway on Whiteboard. Continue usual cares.
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Screen for other serious diagnoses e.g. PE, Dissection, Pneumonia, Pancreatitis

RISK for formal scoring on Eclair	Cardiac risk factors:	<input type="checkbox"/> Known IHD <i>e.g. positive investigation or procedure for CAD including PCI, positive angiogram, positive ETT</i>
		<input type="checkbox"/> Family Hx IHD <i>e.g. MI, Angina or sudden cardiac death < 55</i>
		<input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidemia
		<input type="checkbox"/> Diabetes <input type="checkbox"/> Current Smoker
RISK for formal scoring on Eclair	Ethnicity:	<input type="checkbox"/> High risk ethnicity <i>e.g. Maori, Pacific, or Indo-Asian (Fijian-Indian, Sri-Lankan, Afghani, Bangladeshi, Nepalese, Pakistani, Tibetan)</i>
	Aspirin use:	<input type="checkbox"/> Use in last 7 days <i>Single GP / ambulance dose not included</i>
	Angina:	<input type="checkbox"/> Recent severe angina > 1 Event in the past 24 hrs
	Symptoms:	<input type="checkbox"/> Diaphoresis
RISK for formal scoring on Eclair	Pain:	<input type="checkbox"/> Pleuritic <input type="checkbox"/> Radiates to arm / shoulder / jaw <input type="checkbox"/> Reproducible with pressure
	ECG:	<input type="checkbox"/> Viewed <i>Describe: _____</i>
		<input type="checkbox"/> STEMI <input type="checkbox"/> Acute changes <input type="checkbox"/> Arrhythmia
	Bloods:	Cardiac panel <input type="checkbox"/> Please send <input type="checkbox"/> Sent
EVALUATE	Radiology:	CXR <input type="checkbox"/> Requested <i>First clinician to initiate (may be nurse or doctor)</i>
	Rx:	<input type="checkbox"/> GTN <input type="checkbox"/> Aspirin
TREAT	Other:	
	AIM	<ul style="list-style-type: none">Identify all STEMI's. Early reperfusion call. Expedite access to intervention.Identify all Red FlagsRisk score patients. If TIMI = 0 ED only management

WDHB CHEST PAIN PATHWAY AND RAP



First Name: _____	Gender: _____
Surname: _____	
AFFIX PATIENT LABEL HERE	
Date of Birth: _____	NHI#: _____
Ward/Clinic: _____	Consultant _____

☒ = Yes

CHEST PAIN PATHWAY

☒ = Yes

At any time:

- ☐ ECG acute changes
☐ Troponin positive



☐ Continue telemetry & admit General Medicine

☐ mTIMI 0

- ☐ First Troponin negative
☐ ECG no acute changes

☐ mTIMI 1-3

- ☐ First Troponin negative
or 6 hr Trop if >6 hrs since pain
☐ ECG no acute changes

☐ mTIMI ≥ 4

- ☐ First Troponin negative
or 6 hr Trop if >6 hrs since pain
☐ ECG no acute changes

- ☐ Remove telemetry
unless other indication
☐ Continue telemetry
Indication: _____

- ☐ Remove telemetry
unless other indication
☐ Continue telemetry
Indication: _____

- ☐ Continue telemetry

REMAIN IN ED

ADMIT GENERAL MEDICINE

2 hr Troponin *due*: _____

- ☐ 2 hr Trop negative
☐ 2 hr ECG no acute changes
☐ CXR reviewed

6 hr Troponin *due at*: _____ (6hrs after first or worst pain)

- ☐ 6 hr Trop negative
☐ 6 hr ECG no acute changes
☐ CXR reviewed

Does the patient need further investigation for ACS?

Discuss with SMO - consider ethnicity

- ☐ No: *Manage accordingly*
☐ Yes: *Continue*

Usual inpatient care

☐ **START A-D PLANNER**

*ECG acute change
Troponin positive
mTIMI ≥ 4:* } → *restart / continue telemetry*

Is this patient suitable for ETT within 72 hours?

☐ Yes

☐ No

Discuss with General Medicine *ext 4954*

Dr: _____

General Medical RMO:

- Enters patient into Gen Med Daily List
- Provides ETT appointment:

Date: _____ Time slot: _____

Emergency Medicine clinician:

- ☐ ETT requested through Concerto
see ETT follow up process
☐ ETT time slot documented in EDS
Chest pain proforma link from EDS

Discuss with General Medicine *ext 4954*

Dr: _____

General Medical RMO:

- Enters patient into Gen Med Daily List
- Provides follow up plan: ☐ Gen Med inpatient referral *or*
☐ PTWR review by Gen Med SMO
(next day)

Emergency Medicine clinician:

- ☐ ADU return information documented in EDS
if the patient is to return for the PTWR the next day