

# Accelerated Chest Pain Pathway

**Please note:**  
Negative hsTnT is <14

**Alternative diagnosis including but not limited to:**  
Aortic Dissection  
Pulmonary Embolism  
Pneumothorax  
Pericarditis  
Pancreatitis  
Pneumonia  
Cholecystitis

**Chest Pain**

Cardiac Ischaemia suspected cause of pain

NO → Exit pathway

YES

12 Lead ECG Screen for STEMI  
Initial hsTnT

YES → Treat STEMI as per guidelines

NO

Clear alternative diagnosis?

YES → Exit pathway

NO

**Red Flags:**  
\*\*\*Crescendo Angina  
Haemodynamic instability  
\*\*\*Ischaemic changes on ECG not known to be old  
\*\*\*Positive hsTnT (not known to be chronically raised)  
Recent cardiology review/assessment (within 30 days)

YES → Refer to Internal Medicine  
\*\*\* refer to ACS Pathway

NO

Chronically raised hsTnT  
Impaired renal function

YES → Exit pathway

**Risk Assessment**  
EDACS  
ECG  
0 hours hsTnT

LOW Risk (<16)

NOT LOW Risk (≥16)

**Low Risk and No Red Flags:**  
- no telemetry required  
- hsTnT at 2 hours  
If 0 hours hsTnT > 6 hours after onset of worst pain and negative, then proceed without another hsTnT

YES

0 and 2 hours hsTnT negative  
AND no new ischaemia on ECG  
AND no red flags

YES

**Discharge Patient**  
Discharge Advice Brochure  
GP if not seen within past 6 months

EDACS 16-20

EDACS >20

- Initial management by ED Consultant
- hsTnT at 6 hours post worst pain
- Scan and email ED note to: chestpainpathway@midcentraldhb.govt.nz

0 and 6 hour hsTnT negative  
AND no new ischaemia on ECG  
AND no red flags

NO → Refer to Internal Medicine

YES

Further assessment and management

NO