NORTHLAND DISTRICT HEALTH BOARD Te Poari Hausora Å Rohe O Te Tai Tokerau	(Attach Label here or Complete Details)				
	NAME:	NHI:_			
Cardiac Chest Pain	GENDER: DOB	AGE: WARD:			
Risk Assessment					
Doctor:	Date:	Time:			
	Cardiac ischemia is the suspected cause of chest pain. Use this pathway ONLY if ACS is a concern and another diagnosis is NOT more likely				
Initial Assessment:	1	Coding: X2000 for unspecif	ied exit point		
☐ ECG – Screen for STEMI —— YES —					
☐ BLOODS – Initial hs-Troponin T		☐ NDHB STEMI Pathway (C	coding X2001)		
☐ CXR					
NO STEMI					
Consider other serious causes of chest pair	n:				
☐ Aortic dissection ☐ Tamponade					
☐ PE ☐ Esophageal Ruptur	e YES	☐ Exit pathway (Coding X20	002)		
☐ Pneumothorax ☐ Pancreatitis		- Treat serious non-cardia	·		
NO U					
Screen for possible 'Red Flags':					
☐ Ongoing chest pain <u>likely to be cardiac</u>			\(0.000\)		
☐ History strongly suggestive of crescendo an	gina YES	High Risk ACS (Coding - Consider starting ACS			
☐ Haemodynamic instability		- NDHB ACS Managem			
☐ Ischaemic changes on ECG, not known to b	pe old	Refer to Medicine for ac	lmission		
☐ Positive Troponin (> 14 ng/L) from GP					
NO Risk Stratify using EDACS	score				
Emergency Department Assessment of Chest-Pain score					
,	(EDACS)				
Clinical Characteristics:			Individual Scores:		
A. Age ☐ 18-45 = +2 ☐ 51-55 = +6 ☐ 46-50 = +4 ☐ 56-60 = +6		\square 71-75 = +14 \square 81-85 = +18 \square 76-80 = +16 \square 86+ = +20			
B. Traditional Cardiac Risk Factors – Age		□ 10-00 - 110 □ 00+ = 120			
Age 51+ (Traditional risk factors do not ad Age 18-50 with NO known CAD* <u>AND</u> 1 0 Age 18-50 with known CAD* <u>OR</u> 3 OR Mo *Known CAD = Previous AMI, CABG or Po	OR 2 of the 6 risk factors ORE of the 6 risk factors	= 0 = +4	(max=+4)		
Other 6 Risk	3. Dyslipidaem				
□ Z. Diabetes		u u. Maon/Facilic Islander			

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C. Symptoms ☐ Diaphoresis (in association with pain**) = +3 ☐ Pain** radiates to arm or shoulder = +5 NB: may be a negative score ☐ Pain** occurs or worsened with inspiration (*pleuritic*) = - 4 ☐ Pain** reproduced by palpation
Pain that caused presentation to hospital = - 6 D. Gender ☐ Female = 0 ☐ Male = **+6 TOTAL SCORE

NORTHLAND	DISTRICT HEA	ALTH BOARD À Rohe O Te Tai Tokerau	N
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Cardiac Chest Pain Risk Assessment

(Attach Label here or Complete Details)				
NAME:			NHI:	
GENDER:	DOB	AGE:	WARD:	

RISK ASSESSMENT					
EDACS Score:	Codin	ng: X2000 for unspecified exit point			
 EDACS ≥ 21 (High Risk) First hs-Troponin T or single* 6 hour Trop positive* (> 14 ng/L) (*if > 6 hrs since onset/worst pain - go to corresponding EDACS Score disposition) (*exception: non-ischaemic causes of positive troponin e.g. CKD, a. fib with rapid ventricular response) YES NDHB ACS Guideline (if appropriate) Refer to Medicine (Consider starting ACS treatment) 					
NO CP Onset/worst p		ain:			
□ LOW RISK: EDACS < 16 □ Remove telemetry (unless other indication): □ 2 hour* Trop due: □ (*2 hours from initial troponin) □ Consider moving patient to the waiting room to await 2 nd Trop	INTERMEDIATE RISK: EDACS 16-20 Remove telemetry (unless other indication): 6 hour* Trop due: (*6 hours from onset/worst pain) Consider moving patient to the waiting room to await 2 nd Trop	☐ HIGH RISK: EDACS ≥ 21 (Coding X211) ☐ Continue telemetry ☐ 6 hour* Trop due: (*6 hours from onset/worst pain)			
LOW RISK: EDACS < 16 2 hour Trop Negative (If Troponin positive, refer to Medicine & start ACS treatment) 2 hour ECG non-ischaemic CXR reviewed	INTERMEDIATE RISK: EDACS 16-20 6 hour Trop Negative (If Troponin positive, refer to Medicine & start ACS treatment) 6 hour ECG non-ischaemic CXR reviewed	HIGH RISK: EDACS ≥ 21 6 hour Trop Negative (If Troponin positive, start ACS treatment) 6 hour ECG non-ischaemic CXR reviewed			
LOW RISK: EDACS < 16	INTERMEDIATE RISK:	HIGH RISK: EDACS ≥ 21			
□ Discharge home for GP review (Coding X2004) □ If there is clinical concern* discharge with Cardiology referral Use Cardiology referral form (Coding X2005) □ Refer to Medicine for review if there is significant clinical concern (Coding X210)	Discharge for GP review (Coding X2008) □ Discharge with Cardiology referral Use Cardiology referral form (Coding X2009) □ Refer to Medicine for review (Coding X201)	☐ Admit to Medicine (Coding X211) ☐ Discuss with Cardiologist of the Week about provocative testing			

*Consider discussion with the Cardiologist of the Week (M-F 9-5)

This Accelerated Decision Making Pathway should be used as a guide only and should not replace clinical judgement. The EDACS score has been validated for identifying **low risk** patients (EDACS < 16) that are safe for discharge.