

Patient Label			
Name:	or patient details OB:		
Address:			

ONLY use this pathway if cardiac ischemia is the suspected cause of chest pain

Triage appropriately

- ECG within 5 minutes of arrival
- STEMI suspected



- Immediate medical referral
- Transfer patient to CCU
- Escort patient

NO

Full set of observations

- Trop T and bloods as clinically indicated
 Screen for other possible diagnosis
- Aortic dissection
- PE
- Pancreatitis



- Exit pathway
- Manage as appropriate

NO

Screen for other possible 'red flags':

- Ongoing chest pain likely to be cardiac
- History strongly suggestive of crescendo angina
- Haemodynamically unstable
- Ischemic changes on ECG, not known to be old
- Positive Troponin



- Not for low risk pathway
- Refer to medical team
- Transfer to monitored bed in Emergency Department
- Consider admission

NO

Screen for low risk profile using EDACS score (See next page for scores)

LOW RISK	EDACS <16 (and no red flags)	Admit to ED Bloods: Request 2 hour Troponin T Patient suitable for discharge if: O and 2 hour troponin negative and No new ischemia on ECG and No red flags Plan for discharge within 6 hours of arrival. Refer to Accelerated Chest Pain Pathway Clinic (on Referral form) ONLY if cardiac ischaemia is the suspected cause of chest pain.
MED RISK	EDACS ≥16 (and no red flags) Modified TIMI <4 CCU	Monday – Friday 8am - 4pm. Admit to CCU ED doctor to discuss with Acute admitting Physician ED to refer to Acute Medical H/O for clerking in Notify DNM/CCU of bed requirements Transfer patient to CCU with a nurse escort and admitting H/O ENTER ON ANZACS QI DATABASE (On admission to CCU) After hours before 10pm. Admit to CCU ED doctor to discuss with on call Physician ED to refer to Medical House Officer for clerking in Notify DNM/CCU of bed requirements Transfer patient to CCU with a nurse escort and admitting H/O After hours (after 10pm). Admit to CCU ED consultant's discretion Notify DNM/CCU of bed requirements Transfer patient to CCU with a nurse escort and Doctor
HIGH RISK	Monday – Friday 8am - 4pm. Admit to CCU ED doctor to discuss with Acute admitting Physician ED to refer to Acute Medical H/O for clerking in Notify DNM/CCU of bed requirements	
To be filed	Lin Clinical Decord	1 of 0



	Patient Label	
Name:	i est details	
NHI:	or patient DOB:	
Address:		

Acute ST segment Elevation Myocardial Infarction (STEMI) indicators STEMI present if ANY of the following ECG changes are present (specify: as applicable)			
☐ 1mm ST elevation in > 1 limb leads			
☐ 2mm ST elevation in > 2 chest leads			
☐ New LBBB			
Old LBBB with either: (specify)			
□ ≥ 1mm ST elevation where QRS complex is predominately positive			
□ ≥ 5mm ST elevation where QRS complex is predominately negative			
☐ ≥ 1mm ST elevation in lead V1, V2 or V3			

EDACS - EMERGENCY DEPARTMENT ASSESSMENT OF CHEST PAIN SCORE

AGE		
YEARS	SCORE	
18-45	+2	
46-50 +4		
51-55	+6	
56-60	+8	
61-65	+10	
66-70	+12	
71-75	+14	
76-80	+16	
81-85	+18	
86+	+20	

DISEASE (CADS OR > 3 RISK			
FACTORS IN PATIENTS AGED 18-50			
YFARS			
0	ADO OD		
CAD = PREVIOUS AMI, CABG OR			
PCI			
Risk Factors = FHX premature IHD,			
abnormal cholesterol, diabetes,			
hypertension, current smoker			
	SCORE		
Known CAD or > 3 Risk	+4		
Factors & 18-50 yrs			

Not known CAD, < 3 risk

factors or age > 50 years

KNOWN CORONARY ARTERY

	(strike through if absent)		
	SYMPTOM	SCORE	
	Diaphoresis	+3	
	Radiates to arm or shoulder	+5	
	Occurred with inspiration (pleuritic)	-4	
	Reproduced by palpation	-6	

Please circle EACH if present

SYMPTOMS

GENDER	
Male	+6

Total score =	 Please add all	circled figures	and enter total here

+0

TIMI RISK SCORE FOR ACS

Please attach TIMI score sticker here and complete