



Emergency Department Cardiac Chest Pain Pathway

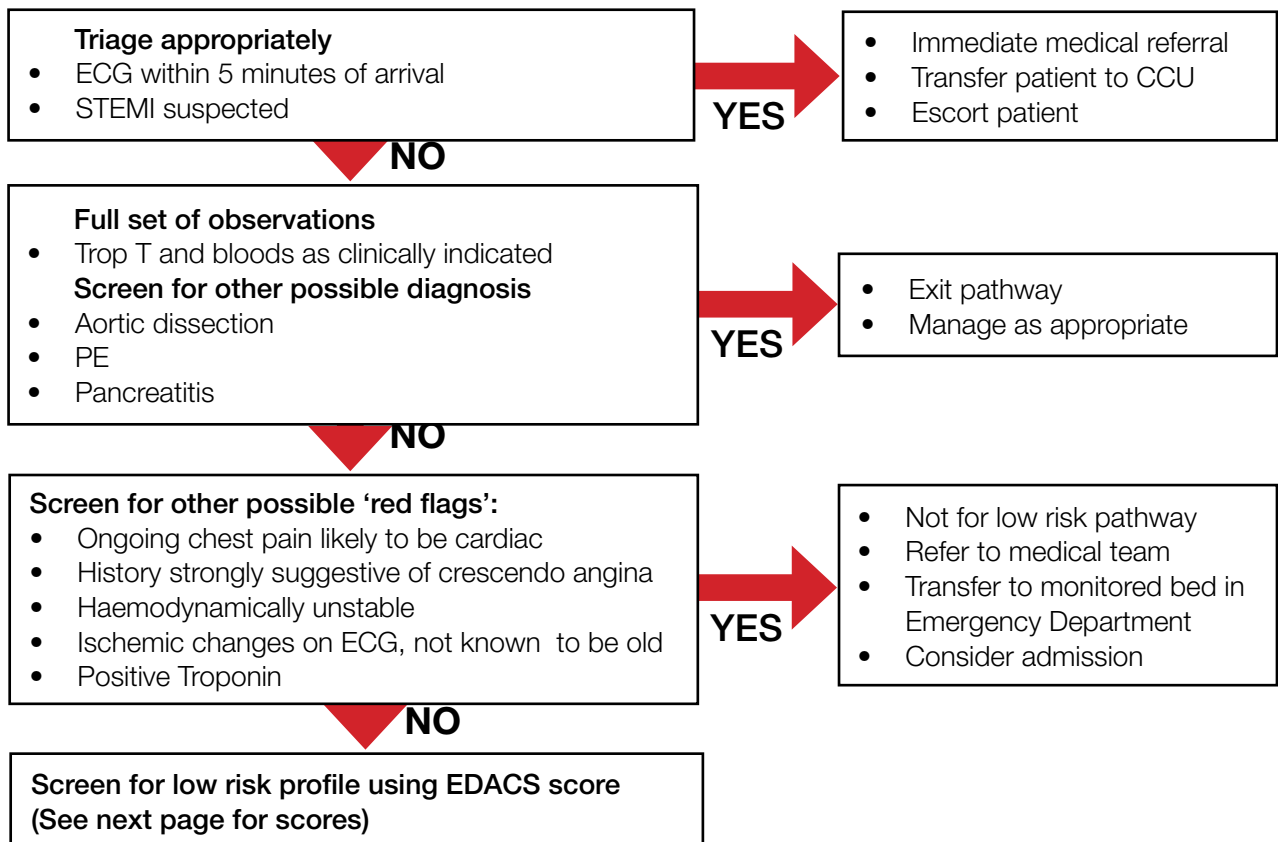
Patient Label

Name: _____

NHI: _____ or patient details DOB: _____
dd/mm/yy

Address: _____

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



LOW RISK	EDACS <16 (and no red flags)	<p style="text-align: center;">Admit to ED Bloods: Request 2 hour Troponin T</p> <p>Patient suitable for discharge if:</p> <ul style="list-style-type: none"> - 0 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	<p style="text-align: center;">Monday – Friday 8am - 4pm. Admit to CCU</p> <p>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</p> <p>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</p> <p>ED consultant's discretion Notify DNM/CCU of bed requirements Transfer patient to CCU with a nurse escort and Doctor</p>
HIGH RISK	EDACS ≥16 (and no red flags) Modified TIMI ≥4 CCU	<p style="text-align: center;">Monday – Friday 8am - 4pm. Admit to CCU</p> <p>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</p> <p>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</p> <p>ED consultant's discretion Notify DNM/CCU of bed requirements Transfer patient to CCU with a nurse escort and Doctor</p>



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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

KNOWN CORONARY ARTERY DISEASE (CADS OR > 3 RISK FACTORS IN PATIENTS AGED 18-50 YEARS
CAD = PREVIOUS AMI, CABG OR PCI
Risk Factors = FHx premature IHD, abnormal cholesterol, diabetes, hypertension, current smoker

	SCORE
Known CAD or > 3 Risk Factors & 18-50 yrs	+4
Not known CAD, < 3 risk factors or age > 50 years	+0

SYMPTOMS

Please circle EACH if present (strike through if absent)

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

GENDER	
Male	+6

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

TIMI RISK SCORE FOR ACS

Please attach TIMI score sticker here and complete