

(Attach Label here or Complete Details)

NAME: _____ NHI: _____

GENDER: _____ DOB: _____ AGE: _____ WARD: _____

Date: _____

Cardiac Chest Pain Pathway

Use this pathway ONLY if cardiac ischemia is a genuine concern **AND** inpatient investigation for another diagnosis is not required
USE THE RISK ASSESSMENT TOOLS OVERLEAF

Initial Assessment:

- ECG – Screen for STEMI ^A
- BLOODS – Initial TnI

NOT STEMI



Screen for possible aortic dissection (AoD):

STEMI

Fast-track to cardiology and Cath-Lab

? AoD

Discuss with SMO +/- Exit pathway

High risk conditions

- Marfan syndrome
- Family history of aortic disease
- Known aortic valve disease or thoracic aortic aneurysm
- Recent aortic manipulation

NO high risk features of AoD

High risk features

- Chest, back or abdominal pain that is described as abrupt onset, severe, ripping, or tearing

High risk exam features

- Pulse deficit / Systolic BP deficit
- Focal neurological deficit
- Murmur of aortic insufficiency (new or known)
- Hypotension or shock state



Screen for other possible 'Red Flags':

- Ongoing chest pain or haemodynamic instability
- History strongly suggestive of crescendo angina
- Potential PE or Pancreatitis
- Ischaemic changes on ECG, not known to be old
- 1st TnI positive – Men > 34 ng/L, women > 16 ng/L
- Chemo patient on Fluorouracil (5FU) / Capecitabine* * Consider fluoropyrimidine cardio-toxicity, discuss with oncology

YES

Not for low-risk pathway
– Manage as clinically indicated

If 1st TnI negative patient may be removed from telemetry unless EDACS >21 (non-telemetry bed may be booked)



NO red flags **Screen for low-risk profile using EDACS score ^B** (See next page for EDACS score)

If EDACS score is < 16 use low-risk pathway

EDACS < 16
(and no red flags)

LOW RISK

YES →

NO

ADMIT TO:

- GP referral to cardiology = **Chest Pain Unit (CPU)**
- Self-referral to ED = **EO**

INVESTIGATIONS:

- 2-hour TnI (2 hours following initial TnI)

DISPOSITION – Patient suitable for discharge if:

- Initial and 2-hour TnI below cut-off **and**
- No new ischaemia on ECG

ACTIONS:

- Discharge with advice they will be contacted for OP stress test **and**
- OP stress test[†] ideally within 72 hours[‡] (unless not indicated, seek SMO advice)
- Case details recorded by Cardiology Registrar for reporting on morning ward round

[†] If patient for stress test:
a) Complete request form & fax to 80681
b) Fast-track notes to CPU (Ward 12)

[‡] Patient should not usually remain on CPU (or EO) while awaiting stress test

EDACS 16-20
(and no red flags)

INTERMEDIATE RISK

YES →

NO

ADMIT TO: CPU

DISPOSITION – Patient suitable for discharge if:

- Initial and second TnI below cut-off (2nd due at 6-hours after first / worst pain **and no less than 2 hours after 1st TnI**) All patients must have at least 2 TnI samples

ACTIONS:

- Discharge with advice they will be contacted for stress test
- OP stress test[†] ideally within 72 hours (unless not indicated, seek SMO advice)
- Case details recorded by Cardiology Registrar for reporting on morning round

EDACS ≥ 21
HIGH RISK

→

ADMIT TO: CARDIOLOGY WARD (or other speciality as appropriate)

DISPOSITION – Patient for review on consultant ward round

- Initial second TnI below cut-off (2nd due at 6-hours after first / worst pain **and no less than 2 hours after 1st TnI**) All patients must have at least 2 TnI samples

INVESTIGATIONS:

- Further testing e.g. stress test[†] or angiogram – to be decided by Cardiologist

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A STEMI CRITERIA:

- 1mm ST elevation in ≥ 2 limb leads
- 2mm ST elevation in ≥ 2 precordial leads
- New LBBB with symptoms of ischaemia
- Old LBBB with either:
 - ≥ 1mm ST elevation where QRS complex is predominantly positive
 - ≥ 5mm ST elevation where QRS complex is predominantly negative

Risk assessment score for: – NSTEMI / unstable angina
– Acute Coronary Syndrome (ACS) i.e., potential NSTEMI / unstable angina

B Emergency Department Assessment of Chest-Pain score (EDACS)

Clinical Characteristics:						Individual Scores:
A. Age	18-45 = + 2	51-55 = + 6	61-65 = + 10	71-75 = + 14	81-85 = + 18	
	46-50 = + 4	56-60 = + 8	66-70 = + 12	76-80 = + 16	86+ = + 20	
B. Risk Factors – Age related						(max = 4)
Age 51+ = 0						
Age 18-50 with NO known CAD* AND LESS THAN 3 of the other 5 risk factors = 0						
Age 18-50 with ANY known CAD* OR THREE OR MORE of the other 5 risk factors = + 4						
*Known CAD = Previous AMI, CABG or PCI in men age < 55 years or women age < 65 years						
<i>Other 5 risk factors:</i>	<input type="checkbox"/> 1. Family history premature CAD	<input type="checkbox"/> 2. Diabetes	<input type="checkbox"/> 4. Hypertension			
	<input type="checkbox"/> 3. Dislipidaemia	<input type="checkbox"/> 5. Current smoker				
C. Symptoms	<input type="checkbox"/> Diaphoresis (in association with pain**)	= + 3				+
	<input type="checkbox"/> Pain** occurs or worsened with inspiration (<i>pleuritic</i>)	= - 4			<i>NB: may be a negative score</i>	-
	<input type="checkbox"/> Pain** radiates to arm or shoulder	= + 5				+
	<input type="checkbox"/> Pain** reproduced by palpation	= - 6				-
** Pain that caused presentation to hospital						
D. Gender	<input type="checkbox"/> Male = + 6	<input type="checkbox"/> Female = 0				
TOTAL SCORE						