



First Name: _____	Gender: _____
Surname: _____	
<b>AFFIX PATIENT LABEL HERE</b>	
Date of Birth: _____	NHI#: _____
Ward/Clinic: _____	Consultant _____

North Shore Hospital

## Chest Pain Rapid Assessment Process (RAP)

### For patients with possible Ischaemic heart disease

Brief, focussed clinical assessment prior to full evaluation by the treating clinician.  
All patients presenting with chest pain including GP referrals, to be RAP'ed in ED.  
Does NOT constitute a full clinical admission note

= Yes

= Yes

Date:	Time:	EMS/ SMO:	Sign:	3366
<input type="checkbox"/> EM Patient		<input type="checkbox"/> GP referral: General Medicine		

<b>Red flags / concerns</b>	<input type="checkbox"/> STEMI on ECG → STOP! → Move to resus → Reperfusion call
<input type="checkbox"/> Concerning chest pain	<input type="checkbox"/> Arrhythmia <span style="margin-left: 100px;"><input type="checkbox"/> Ischaemic Δ on ECG</span>
<input type="checkbox"/> Hx suggestive of unstable / crescendo angina	<input type="checkbox"/> Systolic BP < 90 <span style="margin-left: 100px;"><input type="checkbox"/> Heart rate &lt; 40 or &gt; 130</span>
<input type="checkbox"/> Change in mental state	<input type="checkbox"/> Hypoxia SPO2 < 90% O/A <span style="margin-left: 100px;"><input type="checkbox"/> Other:</span>

<input type="checkbox"/> No Red flags - continue	<b>Any Red flags</b> → Not for Chest Pain Pathway → Remove Chest pain RAP Treatment Pathway on Whiteboard. Continue usual cares.
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Screen for other serious diagnoses e.g. PE, Dissection, Pneumonia, Pancreatitis

<b>RISK</b> for formal scoring on Eclair	<b>Cardiac risk factors:</b>	<input type="checkbox"/> Known IHD <small>e.g. positive investigation or procedure for CAD including PCI, positive angiogram, positive ETT</small>
		<input type="checkbox"/> Family Hx IHD <small>e.g. MI, Angina or sudden cardiac death &lt; 55</small>
		<input type="checkbox"/> Hypertension <span style="margin-left: 100px;"><input type="checkbox"/> Dyslipidemia</span>
		<input type="checkbox"/> Diabetes <span style="margin-left: 100px;"><input type="checkbox"/> Current Smoker</span>

<b>RISK</b> for formal scoring on Eclair	<b>Ethnicity:</b>	<input type="checkbox"/> High risk ethnicity <small>e.g. Maori, Pacific, or Indo-Asian (Fijian-Indian, Sri-Lankan, Afghani, Bangladeshi, Nepalese, Pakistani, Tibetan)</small>
	<b>Aspirin use:</b>	<input type="checkbox"/> Use in last 7 days <small>Single GP / ambulance dose not included</small>
	<b>Angina:</b>	<input type="checkbox"/> Recent severe angina <small>&gt; 1 Event in the past 24 hrs</small>
	<b>Symptoms:</b>	<input type="checkbox"/> Diaphoresis
	<b>Pain:</b>	<input type="checkbox"/> Pleuritic <span style="margin-left: 100px;"><input type="checkbox"/> Radiates to arm / shoulder / jaw</span> <span style="margin-left: 100px;"><input type="checkbox"/> Reproducible with pressure</span>

<b>EVALUATE</b>	<b>ECG:</b>	<input type="checkbox"/> Viewed
		<i>Describe:</i> _____
		<input type="checkbox"/> STEMI <span style="margin-left: 100px;"><input type="checkbox"/> Acute changes</span> <span style="margin-left: 100px;"><input type="checkbox"/> Arrhythmia</span>
	<b>Bloods:</b>	Cardiac panel <span style="margin-left: 100px;"><input type="checkbox"/> Please send</span> <span style="margin-left: 100px;"><input type="checkbox"/> Sent</span>
	<b>Radiology:</b>	CXR <span style="margin-left: 100px;"><input type="checkbox"/> Requested</span> <small>First clinician to initiate (may be nurse or doctor)</small>

<b>TREAT</b>	<b>Rx:</b>	<input type="checkbox"/> GTN <span style="margin-left: 100px;"><input type="checkbox"/> Aspirin</span>
	<b>Other:</b>	

<b>AIM</b>	<ul style="list-style-type: none"> <li>Identify all STEMI's. Early reperfusion call. Expedite access to intervention.</li> <li>Identify all Red Flags</li> <li>Risk score patients. If TIMI = 0 ED only management</li> </ul>
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North Shore Hospital

= Yes **CHEST PAIN PATHWAY**  = Yes

At any time:  ECG acute changes } →  Continue telemetry & admit General Medicine  
 Troponin positive

mTIMI 0

First Troponin negative  
 ECG no acute changes

mTIMI 1-3

First Troponin negative  
*or 6 hr Trop if >6 hrs since pain*  
 ECG no acute changes

mTIMI ≥ 4

First Troponin negative  
*or 6 hr Trop if >6 hrs since pain*  
 ECG no acute changes

Remove telemetry  
*unless other indication*  
 Continue telemetry  
 Indication: \_\_\_\_\_

Remove telemetry  
*unless other indication*  
 Continue telemetry  
 Indication: \_\_\_\_\_

Continue telemetry

REMAIN IN ED

ADMIT GENERAL MEDICINE

2 hr Troponin *due:* \_\_\_\_\_

2 hr Trop negative  
 2 hr ECG no acute changes  
 CXR reviewed

6 hr Troponin *due at:* \_\_\_\_\_ (6hrs after first or worst pain)

6 hr Trop negative  
 6 hr ECG no acute changes  
 CXR reviewed

Does the patient need further investigation for ACS?  
*Discuss with SMO - consider ethnicity*

No: *Manage accordingly*  
 Yes: *Continue*

Usual inpatient care

**START A-D PLANNER**

*ECG acute change  
 Troponin positive  
 mTIMI ≥ 4:* } → *restart / continue telemetry*

Is this patient suitable for ETT within 72 hours?

Yes

No

Discuss with General Medicine *ext 4954*

Dr: \_\_\_\_\_

**General Medical RMO:**

- Enters patient into Gen Med Daily List
- Provides ETT appointment:  
 Date: \_\_\_\_\_ Time slot: \_\_\_\_\_

**Emergency Medicine clinician:**

ETT requested through Concerto  
*see ETT follow up process*

ETT time slot documented in EDS  
*Chest pain proforma link from EDS*

Discuss with General Medicine *ext 4954*

Dr: \_\_\_\_\_

**General Medical RMO:**

- Enters patient into Gen Med Daily List
- Provides follow up plan:  Gen Med inpatient referral *or*  
 PTWR review by Gen Med SMO  
*(next day)*

**Emergency Medicine clinician:**

ADU return information documented in EDS  
*if the patient is to return for the PTWR the next day*

WDHB CHEST PAIN PATHWAY AND RAP