Pt presents with chest pain with concern for ACS, without STEMI on EKG
Obtain history, physical exam, EKG, initial troponin

HEART score 0-3 with troponin </= 0.02 and no known CAD

6 week MACE 1.7%

HEART score 4-6 with troponin </=0.02

6 week MACE 12-17%

HEART score 7-10 or troponin >0.02 or evolving EKG or clinician concern

6 week MACE 50-65%

Shared decision making using Chest Pain Choice tool

2nd troponin 3 hours from initial troponin AND at least 6 hours from onset of pain. If negative and not increasing, 6 week MACE 1%: DC home with follow up.

Click here for Chest Pain Choice Decision Aid »

OR

Pt prefers to go home without second troponin, 6 week MACE 1.7%: DC home with follow up

OR

Pt prefers to stay in observation unit for stress test: place in CDU for stress test.

Observation unit for provocative testing

If known CAD, consider this option as well even if HEART score 0-3

Admit

HEART Score

History	Highly suspicious	2
	Moderately suspicious	1
	Slightly or not suspicious	0
EKG	Significant ST-depression	2
	Nonspecific repolarization disturbance	1
	Normal	0
Age	>/= 65 years	2
	>45 - <65 years	1
	</= 45 years	0
Risk factors	>/= 3 OR h/o atherosclerotic disease	2
	1 or 2	1
	No risk factors	0
Troponin	>3x normal limit	2
	>1 - <3x normal limit	1
	</= normal limit	0

Risk factors: DM, Current or recent (<3 months) smoker, htn, hld, family history of CAD (parent or sibling with CAD <65 yo), obesity (BMI > 30).

References:

Backus et al. A prospective validation of the HEART score for chest pain patients in the emergency department. Int J Cardiol 2013:168: 2153-2158.
Hess et al. The Chest Pain Choice decision aid: a randomized trial. Circ Cardiovasc Qual Outcomes 2012:5:251-259
Mahler et al. Can the HEART score safely reduce stress testing and cardiac imaging in patients at low risk for acute coronary syndrome? Crit Pathw Cardiol 2011:10(3):128-133
Mahler et al. Identifying patients for early discharge: performance of decision rules among patients with acute chest pain. Int J Cardiol 2013:168(2):795-802

Chest Pain Choice Tool

- Your initial results are **negative** for a heart attack. These tests included:
  - A history and physical examination
  - An electrocardiogram
  - Blood tests to look for an enzyme called troponin that is released when heart muscle is damaged. Two blood tests are done at least 3 hours apart, and the second test must be done at least 6 hours after your pain started.

- **However**, the chest pain you are having today may be a **warning sign for a future heart attack.**

- Your personal risk of having a heart or pre-heart attack within the next 30 days can be determined by comparing you to people with similar factors who also came to the emergency department with chest pain.

- **You have a choice:** what would you prefer?

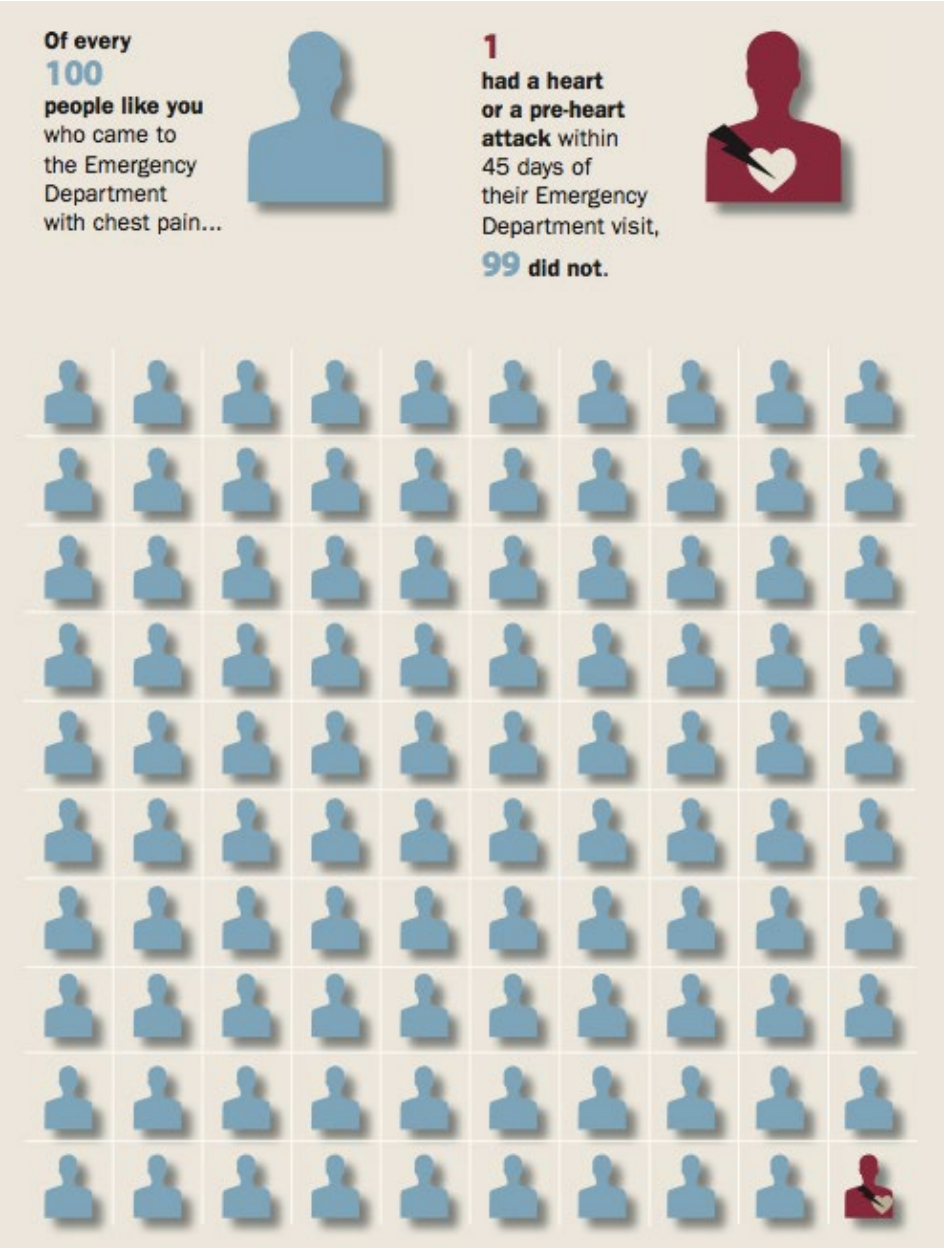
  - I would prefer to go home and follow up with my primary care physician to discuss any further testing.

  - I would prefer to stay for a stress test to lower my risk even further. I understand this may increase the cost of my care and/or lengthen my stay.

  - If only a single troponin has been done: I would prefer to go home now and follow up with my doctor. I understand that this raises my risk of a heart attack or pre-heart attack in the next 30 days from 1 in 100 to about 2 in 100.

  - I would like the physician caring for me to make this decision for me

- Additional information:



Patient signature _____

Provider signature _____

Date _____