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[‡] Consider GJNH discussion (High Risk NSTEMI pathway) if refractory cardiac chest pain and ongoing ischaemic ECG changes despite medical therapy (eg. requiring iv GTN).

¹ For ED: 3 hour troponin should be taken 3 hours after the ED booking time. If there is a delay to the first (baseline booking) sample being taken there needs to be a minimum of 1 hour between first and second samples.

HEART Score

Chest Pain Stratification Risk Tool

History	Highly suspicious for ACS	2
	Moderately suspicious for ACS	1
	Slightly or non-suspicious for ACS	0
ECG	Significant ST-depression / T-wave inversion	2
	Non-specific repolarisation disturbance	1
	Normal	0
Age	≥65 years	2
	45–65 years	1
	≤45 years	0
Risk factors	≥3 risk factors, or history of CVD	2
	1 or 2 risk factors	1
	No risk factors known	0
Troponin I	Elevated HsTn (> 16 women, > 34 men)	1
	≤ Normal Limit	0
TOTALS		/ 9

GUIDE: HOW TO CALCULATE THE HEART SCORE

The **HEART score** is a risk stratification tool first used in the Emergency Department to predict the likelihood of a major adverse cardiac event within 6 weeks following presentation with chest pain.

A score is assigned from 5 specific elements (History, ECG changes, Age, Risk factors and Troponin) to give a value between 0 and 9. Three of the elements are explained in detail below:

History - From your history characterise the patient's chest pain as typical or atypical. The following distinctions have been agreed:

1. **Typical pain** - central of left-sided chest pain with radiation to the arms or throat, or associated sweating or clamminess.
2. **Atypical pain** - without chest pain or right sided chest pain or pain that radiates to the back or is worsened by inspiration/palpation.

- **2 points:** highly suspicious chest pain (i.e. typical pain)
- **1 point:** moderately suspicious chest pain (i.e. mixed typical/atypical features)
- **0 point:** chest pain slightly or moderately suspicious (i.e. atypical pain only)

Electrocardiogram (12 Lead ECG) - From the 12 lead ECG:

- **2 points:** ECG shows features new/presumed new features of acute ischaemia or infarction (eg. significant ST depression, T-wave inversion)
- **1 point:** ECG is abnormal but not diagnostic of ischaemia (eg. right bundle branch block, paced rhythm) or if ECG suggests previous infarction
- **0 points:** ECG is normal

Risk Factors: Count the number of risk factors for coronary artery disease:

- Diabetes mellitus
- Current or recent (<90 days) smoker
- Hypertension (diagnosed or treated)
- Hypercholesterolaemia
- Family history of coronary artery disease
- Obesity (BMI > 30)

- **2 points:** 3 or more risk factors or significant atherosclerotic disease (including previous coronary revascularisation, myocardial infarction, peripheral arterial disease)
- **1 point:** 1-2 risk factors
- **0 point:** no risk factors