SBAR for potential Cardiac Sounding chest pain and Referral to the Low-Risk Chest Pain Clinic

Situation

Reason for referral should be suspected cardiac sounding chest pain, requiring further investigations/treatment.

These patients are should have followed either the green or amber pathway on the NSTE-ACS/Suspected Cardiac Sounding Chest pain pathway.

Inclusion criteria:

- Atypical angina (see definition below)
- If typical angina (see definition below), pain should be brief (< 15minutes)
- Patients with existing CAD with usually well controlled angina who have a brief isolated episode of angina/chest pain (<15minutes)
- Chest pain with other causes excluded (please see alternative causes as listed on the on the NSTE-ACS/Suspected Cardiac Sounding Chest pain pathway)
- Age ≥30 years

Exclusion criteria:

- Unstable Angina (see definition below).
- Haemodynamic instability.
- Any ECG changes diagnostic of ACS
- LBBB of new or undetermined onset
- AF (unless proven to be old)
- 2nd or 3rd degree heart block
- Heart rate <40bpm or >120bpm
- Co-morbidity requiring acute treatment
- Suspected or proven alternative cause for the pain
- Age <30 years
- Inability to communicate via the telephone, including hearing problems, cognitive impairment, and language barrier.

In addition:

Patients **MUST** be able to recall history and communicate effectively over the telephone, as this will be a telephone review within **2 weeks of receiving referral**.

Please confirm contact telephone number and inform patients they will receive a telephone call from a withheld number.

Any referral not meeting the above criteria will be declined and returned to the referring clinician/shift lead via careflow.

Background

Past Medical History including cardiac history, pending or previous investigations.
Cardiac Risk Factors
Calculated **HEART Score as per the NSTE-ACS/Suspected Cardiac Sounding Chest pain pathway.**
Current medications

Reviewed December 2023 JR/GG/CP/DJ/BT

Assessment

As per the NSTE-ACS/Suspected Cardiac Sounding Chest pain pathway.

If **HS-TNI <3ng/L at 0hr** and onset of chest pain was ≥3h ago → No need to repeat HS-TNI

OR

If **HS-TNI <8ng/L at 0h** → repeat HS-TNI → if no rise of >7ng/L at 2h
(assuming patient is pain free and ECG nil acute)

NSTE-ACS RULED OUT

- **Consider alternative diagnosis** (requiring admission)
- If **HEART Score** is **low** and **no significant ST-segment depression/changes →** consider **discharge & GP follow up**
- **If there is suspicion of possible angina** and patient meets criteria for low-risk chest pain clinic (see SOP) → **refer** *(via CareFlow – Outpatient Cardiac Nurse Low Risk Chest Pain)*
- Please complete a full random lipid screen
- Please obtain 2 x ECG's, one on admission, one prior to discharge and as required.
- Impression/diagnosis (this should be atypical chest pain/stable angina)

Recommendations

Medical plan should include any investigations requested and any changes to medications.

CLASSIFICATION OF TYPICALITY OF CHEST PAIN	
TYPICAL ANGINA (Need at least 3 features, 1 from each category)	• **Constricting discomfort in the front of the chest, or in the neck, shoulders, jaw, or arms** • **Precipitated by physical exertion** • **Relatively predictable. Lasts about 5 minutes and settles when stressor is gone or GTN is taken**
ATYPICAL ANGINA	**2 of the above**
NON ANGINAL PAIN	**Either 1 or none above features**
DESCRIPTIONS OF ATYPICAL/NON CARDIAC CHEST PAIN	• **Pain is pleuritic, sharp, pricking, knife-like, pulsating.** • **Can involve chest wall, can be positional, tender to palpate, and radiation is highly variable.** • **Random onset, lasts seconds, minutes, hours or all day. Variable response to GTN.**
UNSTABLE ANGINA	**Increasing severity or frequency of angina with little or no exertion, particularly when accompanied by nausea and vomiting, marked sweating, breathlessness or particularly a combination of these**

Typical, atypical angina and non-anginal definitions taken from NICE guidelines for chest pain of recent onset CG95 (https://www.nice.org.uk/guidance/cg95)