

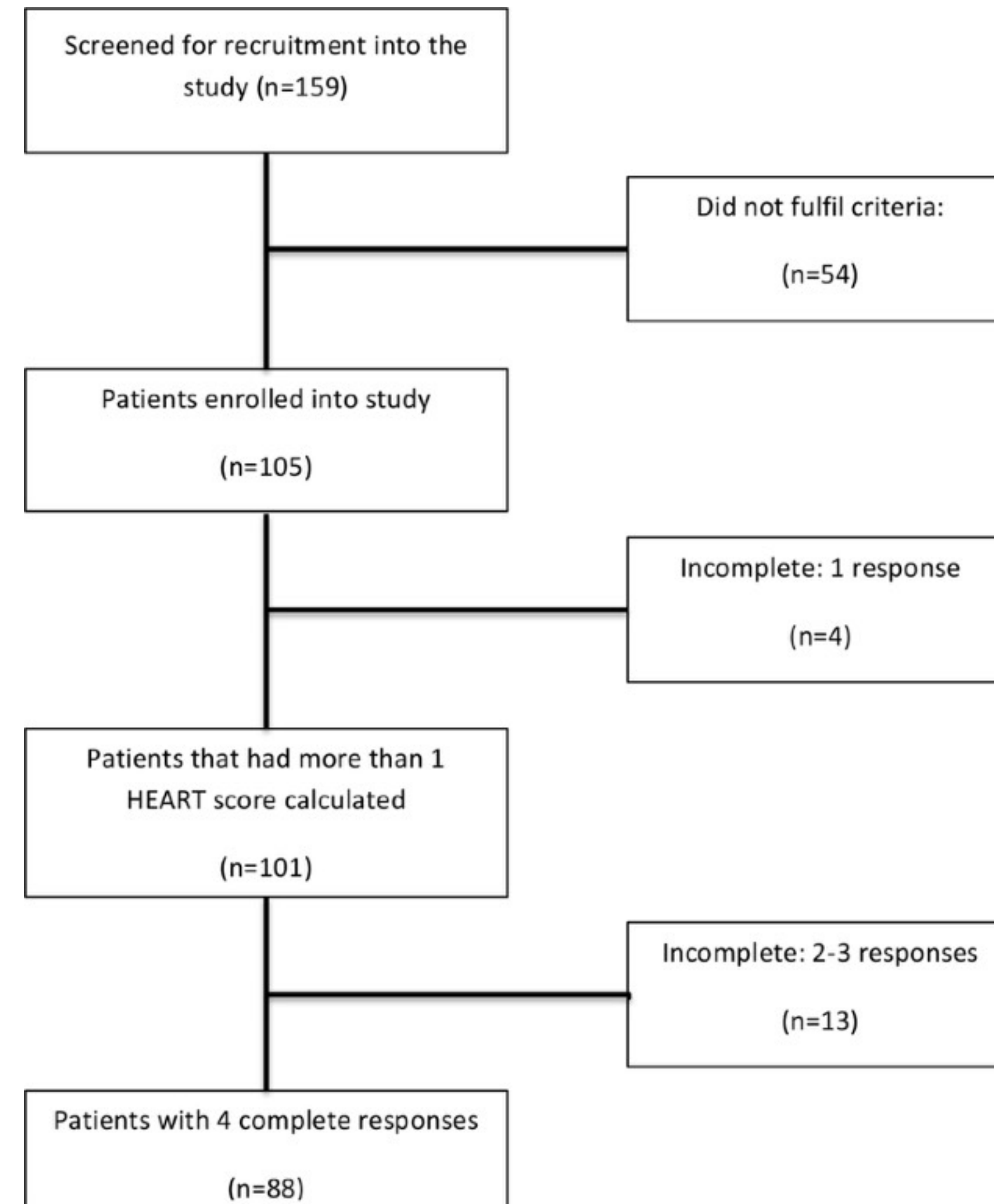
| HEART Score | | |
|--|--|---|
| History | Highly suspicious | 2 |
| | Moderately suspicious | 1 |
| | Slightly or not suspicious | 0 |
| EKG | Significant ST-depression | 2 |
| | Nonspecific repolarization disturbance | 1 |
| | Normal | 0 |
| Age | >/= 65 years | 2 |
| | >45 - <65 years | 1 |
| | </= 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

This guideline was ratified by the emergency department faculty at Maine Medical Center in July 2017. It reflects our expert opinion and is not necessarily applicable to all institutions. It is intended to be a reference for clinicians caring for patients and is not intended to replace providers’ clinical judgment.

Flow diagram for the recruitment of patients into the trial. HEART, History, ECG, Age, Risk Factors and Troponin.



William G P Niven et al. Emerg Med J 2018;35:732-738