Pt presents with chest pain with concern for ACS, without STEMI on EKG Obtain history, physical exam, EKG, initial troponin HEART score 7-10 or troponin HEART score 4-6 with troponin HEART score 0-3 with troponin >0.02 or evolving EKG or </=0.02 </= 0.02 and no known CAD clinician concern 6 week MACE 12-17% 6 week MACE 1.7% 6 week MACE 50-65% Observation unit for provocative testing Admit If known CAD, consider this initial troponin AND at least 6 option as well even if HEART score 0-3 negative and not increasing, 6 week MACE 1%: DC home with follow up. **HEART Score** History Highly suspicious Moderately suspicious Click here for Chest Pain Choice Decision Aid » Slightly or not suspicious EKG Significant ST-depression OR Nonspecific repolarization disturbance Normal Pt prefers to go home without >/= 65 years >45 - <65 years second troponin, 6 week MACE Age 1.7%: DC home with follow up </= 45 years Risk factors OR >/= 3 OR h/o atherosclerotic disease 2 1 or 2 No risk factors Pt prefers to stay in observation >3x normal limit unit for stress test: place in CDU Troponin >1 - <3x normal limit for stress test. </= normal limit Risk factors: DM, Current or recent (<3 months) smoker, htn, hld, family history of CAD (parent or sibling with CAD <65 yo), obesity 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

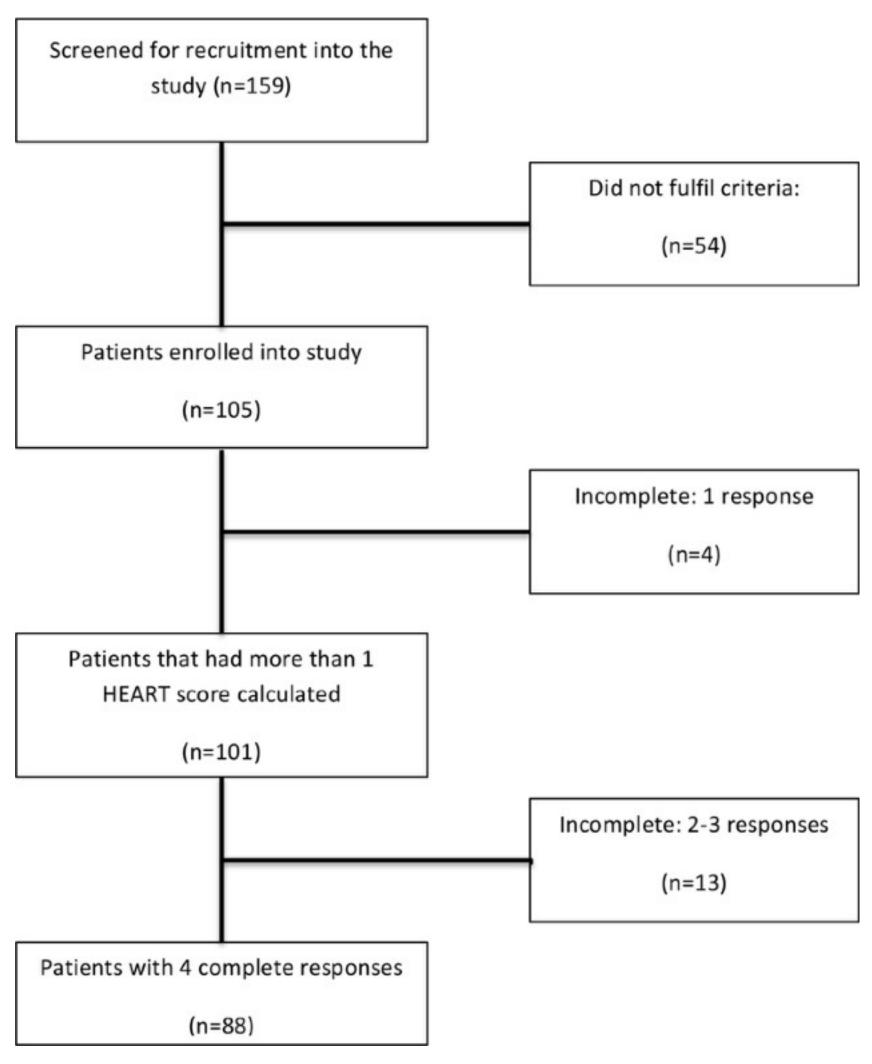
Mahler et al. Can the HEART score safely reduce stress testing and cardiac imaging in patients at low risk for acute coronary syndrome? Crit Pathw Cardiol

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

