

12:09

HEART Score

CALCULATOR

NEXT STEPS

EVIDENCE

CREATOR

Predicts 6-week risk of major adverse cardiac event.

INSTRUCTIONS

Use in patients ≥ 21 years old presenting with symptoms suggestive of ACS. Do not use if new ST-segment elevation ≥ 1 mm or other new EKG changes, hypotension, life expectancy less than 1 year, or noncardiac medical/surgical/psychiatric illness determined by the provider to require admission.

When to Use

Pearls/Pitfalls

Why Use

Content contributed by Carlos Rodriguez, MD & Hyunjoo Lee, MD

History

Slightly suspicious0

Moderately suspicious+1

Highly suspicious+2

EKG

1 point: No ST

Normal0

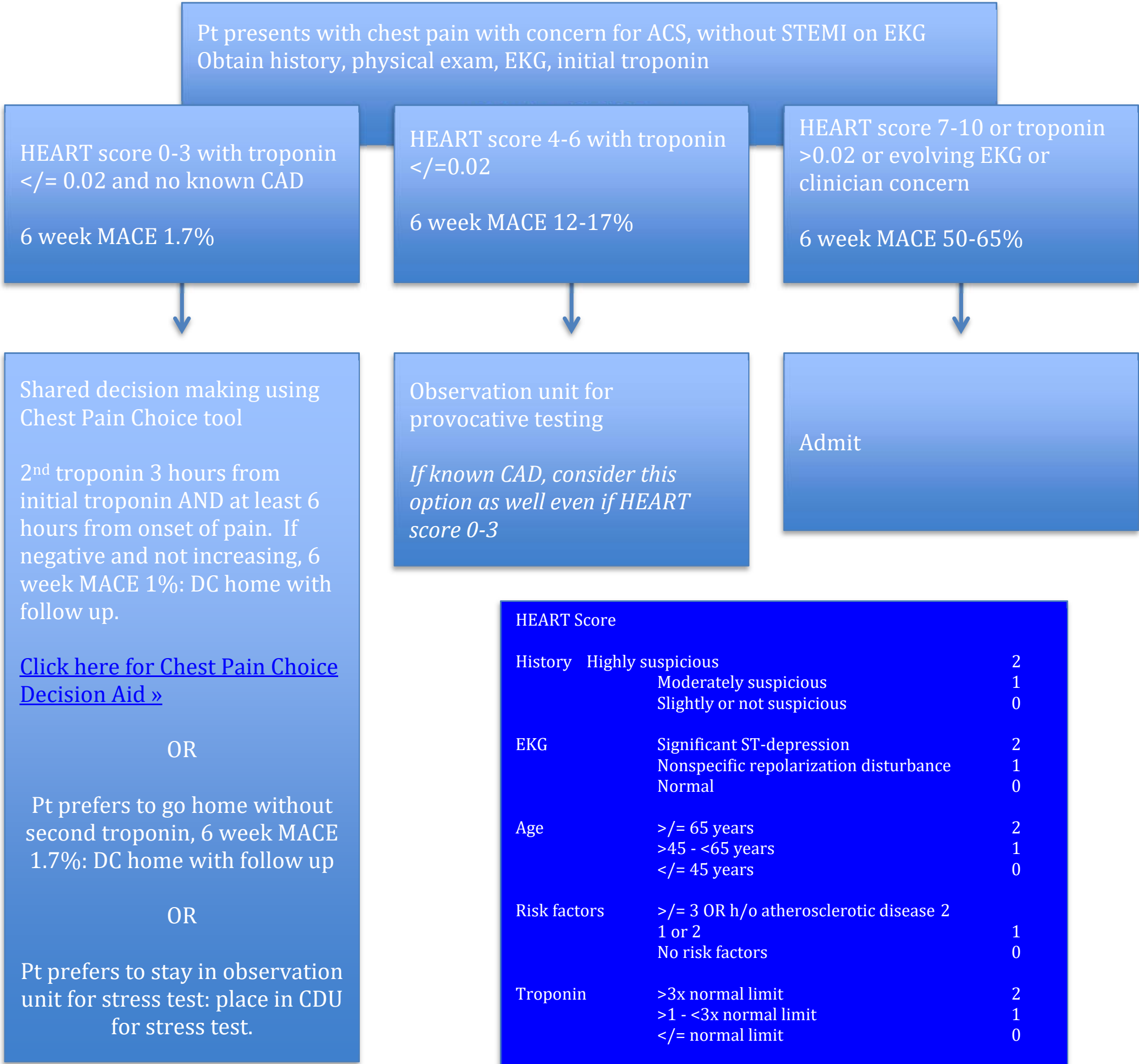
RESULT

3 points

Low Score

How can my subjective rating of this patient's history affect their disposition?

A female healthcare professional with dark hair, wearing blue scrubs, is shown from the waist up. She has a thoughtful expression, with her right hand resting on her chin and her left arm crossed. The background is plain white.



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.