

# Nursing Practice Alert

December 2022

## High Sensitivity Troponin (HS-Troponin I) GO-LIVE-Dec 8.

MSH has a new Troponin assay: Abbott Alinity High Sensitivity Troponin-I Assay.

The **HS-Troponin I** assay allows for earlier detection of myocardial injury at lower levels than the current-generation Troponin assay. This means that patients can be diagnosed, ruled out, discharged and/or transferred to the appropriate level of care *more quickly and accurately.*

### Provider responsibility

The provider will order **up to 3** serial Troponin lab draws.

- Orders Troponin in EPIC: **0 hour** (start of symptoms)  
**1 hour** (1 hour after the first '0 hour' blood draw)  
**3 hours** (3 hours after the first '0 hour' blood draw)
- Completes **HEAR (T) score** (History, ECG, Age, Risk Factors) and Troponin result.

History	<div>Slightly suspicious 0</div> <div>Moderately suspicious +1</div> <div>Highly suspicious +2</div>
EKG 1 point: No ST deviation but LBBB, LVH, repolarization changes (e.g. digoxin); 2 points: ST deviation not due to LBBB, LVH, or digoxin	<div>Normal 0</div> <div>Non-specific repolarization disturbance +1</div> <div>Significant ST deviation +2</div>
Age	<div>&lt;45 0</div> <div>45-64 +1</div> <div>≥65 +2</div>
Risk factors Risk factors: HTN, hypercholesterolemia, DM, obesity (BMI >30 kg/m <sup>2</sup> ), smoking (current, or smoking cessation ≤3 mo), positive family history (parent or sibling with CVD before age 65); atherosclerotic disease: prior MI, PCI/CABG, CVA/TIA, or peripheral arterial disease	<div>No known risk factors 0</div> <div>1-2 risk factors +1</div> <div>≥3 risk factors or history of atherosclerotic disease +2</div>
Initial troponin Use local, regular sensitivity troponin assays and corresponding cutoffs	<div>≤normal limit 0</div> <div>1-3× normal limit +1</div> <div>&gt;3× normal limit +2</div>

***The Suspected Acute Coronary Syndrome Pathway (see next page) is based on how much the Troponin level rises over a particular period of time. The providers use the pathway to determine the disposition and treatment for each patient.***

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Date and Post on DMB in Communication: *Process Change Alert* section **for 2 weeks.** From: \_\_\_\_\_ to \_\_\_\_\_  
 Date and Post in *Practice Alert* section (R side) **for 2 weeks.** From: \_\_\_\_\_ to \_\_\_\_\_  
 Place in the unit's *resource folder* for **6 months.** From: \_\_\_\_\_ to \_\_\_\_\_

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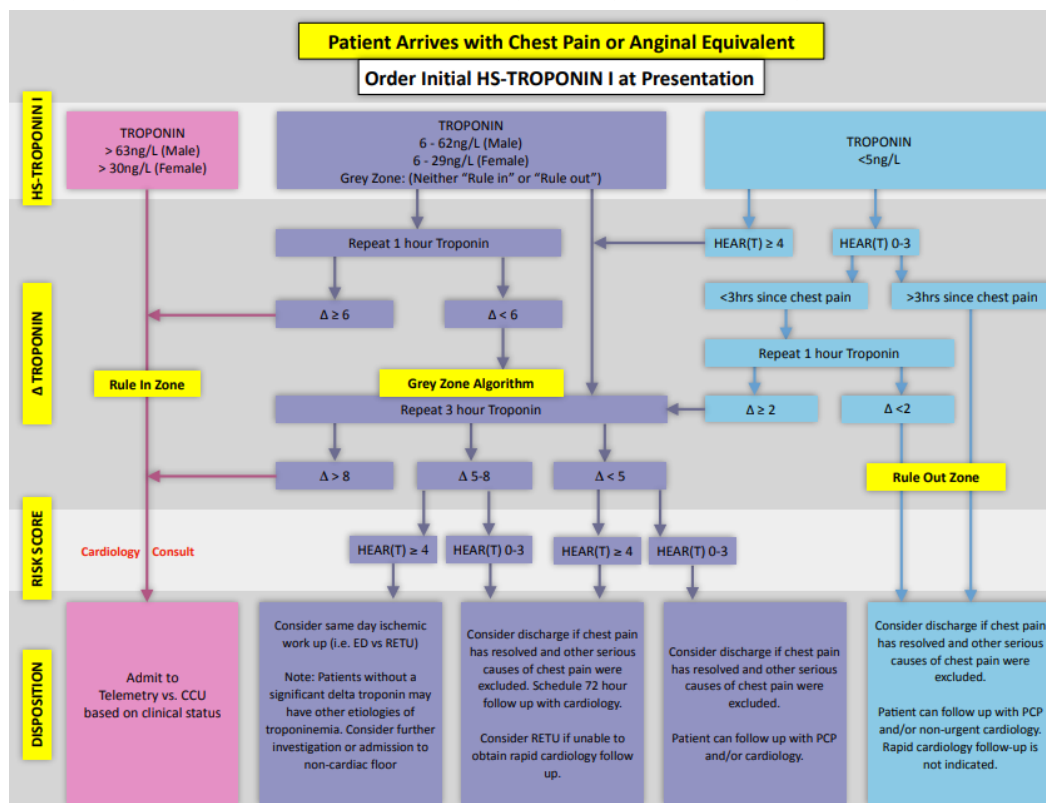
This means that drawing the lab on time and recording accurate collection times are essential.

## Nurse's Responsibility

- Collect the first **0 hr** blood draw QUICKLY, using a Lithium Heparin tube (green top).
- ★ Ensure the correct "Collection time" is recorded in EPIC. ★
- Wrench in "Next HS Trop Collect" column in Patient List Columns; it will automatically display the next blood draw (calculated from the collection time of the previous draw).

Room/Bed	Patient Name	MRN	Telemetry Monitoring	Next HS Trop Collect	Oxygen Device/Rate	Oxygen Saturation	Problem
5B10/A	Sacrtwo, Onefour	A169365	—	13:50	—	no value	—
5B02/A	Sacrtwo, Onefour	A169377	—	13:31	—	no value	—

The **provider** will follow the Accelerated Diagnostic Pathway for Suspected Acute Coronary Syndrome to make decision regarding patient disposition and care.



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