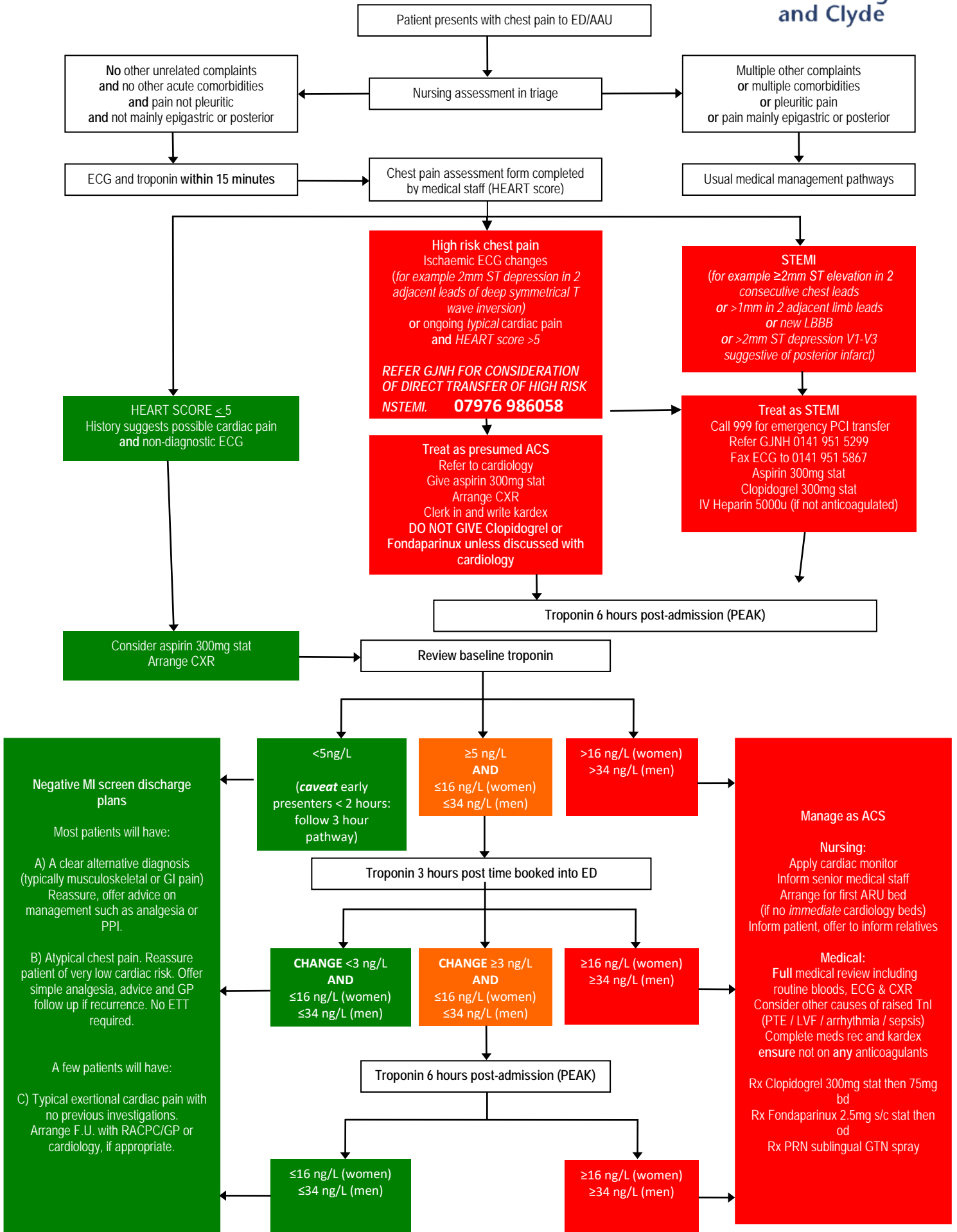
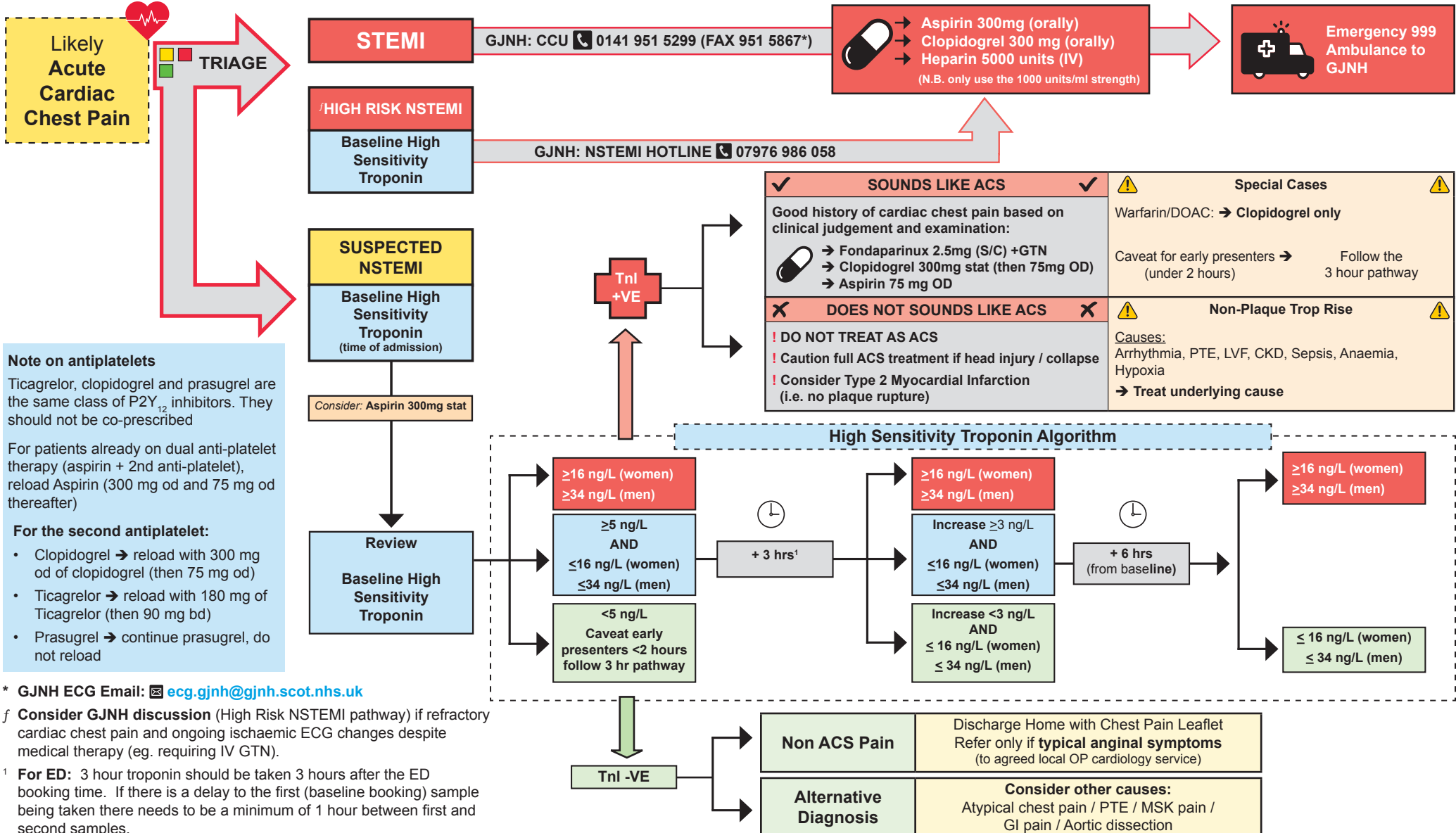


SUSPECTED ACUTE CARDIAC CHEST PAIN PROTOCOL



Acute Cardiac Chest Pain Guidelines

This guideline covers patients who are suspected to have acute cardiac chest pain. As of 6th November 2023, in patients with **new ACS**, clopidogrel is the first choice (not ticagrelor). Patients **post-PCI** will be commenced on prasugrel and transferred back to NHS GGC.



* GJNH ECG Email: ✉ ecg.gjnh@gjnh.scot.nhs.uk

f Consider GJNH discussion (High Risk NSTEMI pathway) if refractory cardiac chest pain and ongoing ischaemic ECG changes despite medical therapy (eg. requiring IV GTN).

1 For ED: 3 hour troponin should be taken 3 hours after the ED booking time. If there is a delay to the first (baseline booking) sample being taken there needs to be a minimum of 1 hour between first and second samples.

HEART  Score

Chest Pain Stratification Risk Tool

History	Highly suspicious for ACS	2
	Moderately suspicious for ACS	1
	Slightly or non-suspicious for ACS	0
ECG	Significant ST-depression / T-wave inversion	2
	Non-specific repolarisation disturbance	1
	Normal	0
Age	≥65 years	2
	45–65 years	1
	≤45 years	0
Risk factors	≥3 risk factors, or history of CVD	2
	1 or 2 risk factors	1
	No risk factors known	0
Troponin I	Elevated HsTn (> 16 women, > 34 men)	1
	≤ Normal Limit	0
TOTALS		/ 9

GUIDE: HOW TO CALCULATE THE HEART SCORE

The **HEART score** is a risk stratification tool first used in the Emergency Department to predict the likelihood of a major adverse cardiac event within 6 weeks following presentation with chest pain.

A score is assigned from 5 specific elements (History, ECG changes, Age, Risk factors and Troponin) to give a value between 0 and 9. Three of the elements are explained in detail below:

History - From your history characterise the patient's chest pain as typical or atypical. The following distinctions have been agreed:

1. Typical pain - central or left-sided chest pain with radiation to the arms or throat, or associated sweating or clamminess.
2. Atypical pain - without chest pain or right sided chest pain or pain that radiates to the back or is worsened by inspiration/palpation.

- **2 points:** highly suspicious chest pain (i.e. typical pain)
- **1 point:** moderately suspicious chest pain (i.e. mixed typical/atypical features)
- **0 point:** chest pain slightly or moderately suspicious (i.e. atypical pain only)

Electrocardiogram (12 Lead ECG) - From the 12 lead ECG:

- **2 points:** ECG shows features new/presumed new features of acute ischaemia or infarction (eg. significant ST depression, T-wave inversion)
- **1 point:** ECG is abnormal but not diagnostic of ischaemia (eg. right bundle branch block, paced rhythm) or if ECG suggests previous infarction
- **0 points:** ECG is normal

Risk Factors: Count the number of risk factors for coronary artery disease:

- Diabetes mellitus
- Current or recent (<90 days) smoker
- Hypertension (diagnosed or treated)
- Hypercholesterolaemia
- Family history of coronary artery disease
- Obesity (BMI > 30)

- **2 points:** 3 or more risk factors or significant atherosclerotic disease (including previous coronary revascularisation, myocardial infarction, peripheral arterial disease)
- **1 point:** 1-2 risk factors
- **0 point:** no risk factors