

LOW RISK CHEST PAIN

CDU INCLUSION CRITERIA (FOR CHEST PAIN)

- Symptoms deemed low risk for unstable angina.
- Controllable chest pain
- Stable vital signs
- Normal or nonspecific ST-T changes or abnormal with no changes from previous ECG
- CK-MB and TnT negative at initial determination
- Potential to discharge in 23 hours

CDU EXCLUSION CRITERIA

- Unstable vital signs
- Uncontrollable chest pain felt to be cardiac in nature
- Obvious alternative diagnosis
- Alternative high mortality diagnosis as likely as ACS (Trauma, PE, Dissection)
- Requiring IV titrated medication (i.e. heparin, nitroglycerin)
- Considered very low risk (able to have outpatient workup or immediate stress test)
- Considered intermediate or high risk (treat as inpatient)
- Acute altered mental status
- Unable to ambulate or not at baseline of ADLs
- Requires 1:1 nursing observation
- Severe systemic illness and/or comorbidities likely to complicate disposition decision

CDU INTERVENTIONS AS INDICATED

- Oxygen, cardiac and pulse oximetry monitoring
- ECGs, laboratory studies, imaging studies (Troponin and CK-MB at 3, 6, 9 hrs with time zero as the initial set in ED)
- Medications (ex. ASA, Nitrates PRN, B-blocker)
- No caffeine diet, NPO 6 hrs before stress testing
- Smoking cessation counseling
- Cardiac evaluation (ex. Stress testing)
- Cardiology Consultation

CDU DISPOSITION

Home

- Acceptable vital signs
- Negative serial cardiac biomarkers
- Serial ECGs without significant changes
- Symptoms resolved or stable symptoms adequately addressed
- Unremarkable stress test (or other provocative test)
- Consultant agreement if involved in decision making
- Adequate follow-up plan established

Admit

- Unstable vital signs
- Symptoms not improved or worsening condition
- Positive cardiac biomarkers
- ECG with significant changes
- Positive or indeterminate provocative testing
- EP or consultant discretion
- Does not meet discharge criteria after 23 hours of treatment