

Pt presents with chest pain with concern for ACS, without STEMI on EKG
Obtain history, physical exam, EKG, initial troponin

HEART score 0-3 with troponin ≤ 0.02 and no known CAD
6 week MACE 1.7%

HEART score 4-6 with troponin ≤ 0.02
6 week MACE 12-17%

HEART score 7-10 or troponin > 0.02 or evolving EKG or clinician concern
6 week MACE 50-65%

Shared decision making using Chest Pain Choice tool

2nd troponin 3 hours from initial troponin AND at least 6 hours from onset of pain. If negative and not increasing, 6 week MACE 1%: DC home with follow up.

[Click here for Chest Pain Choice Decision Aid »](#)

OR

Pt prefers to go home without second troponin, 6 week MACE 1.7%: DC home with follow up

OR

Pt prefers to stay in observation unit for stress test: place in CDU for stress test.

Observation unit for provocative testing

If known CAD, consider this option as well even if HEART score 0-3

Admit

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
	\leq 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.