Presentation with clinical features consistent with Acute Coronary Syndrome?

**Risk assessment**

**HIGH RISK?**
- (one or more high risk criteria present)
- Yes: ADMIT CARDIOLOGY
  - Retest TnI and ECG after 6 hours
  - Cardiology registrar in hours (69907)
  - Medical registrar out-of-hours (69999)
- No: Admit to ESSU
  - Retest TnI and ECG after 2 hours
  - If TnI > 0.04 mcg/l: Admit as high risk (see above)
  - If TnI ≤ 0.04 mcg/l: Discharge for GP follow up
  - Discharge with patient information, preformatted letter for GP and ED discharge letter NO OUT PATIENT REFERRAL

**LOW RISK?**
- (ALL low risk criteria present)
- Yes: ADMIT CARDIOLOGY
  - Retest TnI and ECG after 2 hours
  - If TnI ≤ 0.04 mcg/l:
    - Assess if suitable for accelerated pathway (see management of intermediate risk patient)
  - If TnI > 0.04 mcg/l:
    - Admit as high risk
  - Cardiology registrar in hours (69907)
  - Medical registrar out-of-hours (69999)
- No: Recurrent presenters
  - Treat as per pathway unless: the patient has a specific personalised pathway; or after a documented ED or Cardiology consultant plan

**Intermediate Risk Criteria**
- ≥ 40 year-old
- ECG - no ischaemic changes
- First TnI ≤ 0.04 mg/l
- ≥ 18 year-old if Indigenous Australian
- DM with atypical symptom at any age
- eGFR ≤ 60 ml/min and atypical symptoms

**Recurrent presenters**
- Treat as per pathway unless: the patient has a specific personalised pathway; or after a documented ED or Cardiology consultant plan
- **Recurrent symptoms during assessment period**
  - A recurrence of symptoms requires a reassessment of risk

**Monitoring**
- On presentation for all possible cardiac chest pain
- All high risk patients
- **Monitoring not required**
  - Low or Intermediate risk patients after first TnI ≤ 0.04 mcg/l and pain free

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**Cairns Hospital: Suspected Acute Coronary Syndrome Pathways**

**DO NOT USE if a non cardiac cause for the chest pain can be diagnosed**

Clinical pathways never replace clinical judgement.
Care outlined on this pathway must be altered if not clinically appropriate for the patient.
Accelerated Chest Pain Pathway:  
2 hour troponin and ECG

As part of your health care today, you have been placed on an accelerated chest pain pathway to allow us to rapidly diagnose the cause of your chest pain. Our evidence-based management plan has been designed with your safety as its highest priority along with avoiding unnecessary time in hospital.

You have received two blood tests and an ECG which check for any damage to the heart muscle. Both tests were negative. You have been determined to be of Low Risk of having a cardiac diagnosis. Although a cardiac cause or heart problem can never be completely ruled out, the risks to you are very low and allow you to be safely discharged. We recommend that you follow up with your GP within one week to discuss modification to risk factors for heart disease.

Should you have any concerns about your condition at any time, you should contact your local General Practitioner, taking the discharge letter you have been given, or return to your nearest Emergency Department.
Dear Dr,

Regarding:

Patient Name .................................................................
DOB .................................................................
URN .................................................................

This patient presented today to the Emergency Department at Cairns Hospital with possible cardiac chest pain. The patient was placed on an accelerated chest pain pathway for assessment.

The ECG and Troponin I level taken at arrival was normal.

The ECG and Troponin I level was repeated at 2 hours after arrival and was negative.

Risk stratification was undertaken and the patient was assessed as being at Low Risk of experiencing acute coronary syndrome. No further objective testing is recommended for this presentation of chest pain as per the National Heart Foundation guidelines 2016.

However, the patient was advised to return to the emergency department for reassessment if experiencing any further episodes of chest pain

We have asked your patient to return to you for assessment of the need for risk factor modification for cardiovascular disease.

Yours sincerely,
Cairns ED Medical Officer

Date: