

## CHEST PAIN OBSERVATION

### TRANSFER CRITERIA

- Clinical suspicion that risk of MI is **low (< 6%)** (Goldman algorithm)
- Chest discomfort is potentially cardiac ischemia (Based on risk factors / discomfort)
- Normal EKG, or concurrence with cardiologist / PMD
- Acceptable vital signs
- No history of known coronary artery disease, or concurrence with cardiologist /PMD

### EXCLUSION CRITERIA

- Clinical suspicion that risk of MI **is over 6%** (Goldman algorithm)
- EKG which shows evidence of MI or clearly acute injury/ischemia pattern
- Unstable vital signs
- Clear Unstable Angina by history (i.e. known CAD, Sx like prior angina/MI)
- Chest pain is clearly not cardiac ischemia
- Private attending chooses IP admission

### INTERVENTIONS

#### Initial EC intervention:

- IV (heplock?), O2, TMS monitor hook up, initial EKG, CXR, NO caffeine.
- If not contraindicated, give Aspirin 325mg PO, (consider Maalox 30cc PO).
- Appropriate nitrates (physician discretion) - NTG SL prn, NTP, or Nitrobid.
- Send initial biomarker(s) - CPK-MB, possibly Myoglobin or Troponin T.
- ECP speaks with PMD, or CPC cardiologist, choose stress test option.

#### EC Observation Unit interventions:

- Call lab to add myoglobin to initial blood drawn in EC
- Continue IV (heplock ?), O2, TMS (ST segment) Monitor, Nitrates, No caffeine.
- Send patient to obtain initial resting scan if ordered.
- Perform EKG based on clinical suspicion or ST monitor alert. Show ECP / PA stat.
- Protocol = **Time 0 and 4 hour ECG, CK-MB, and Myoglobin**
- **If all tests are negative => appropriate stress test**
  - If abnormal CK-MB, or ECG => admit
  - IF (a) No stress test planned, (b) ONLY myoglobin is elevated, (c) 0 to 4hr CK-MB /Myoglobin doubled, or (d) 4 hour tests are missed:***
  - Time 8 hour ECG, CK-MB, TnT
  - If all tests are negative => appropriate stress test**
  - If abnormal EC-MB, TnT, or ECG => admit

### DISPOSITION

- |            |  |
|------------|--|
| Home -     | Acceptable VS<br>Normal biomarkers<br>Unremarkable Stress Test<br>No significant EKG changes                             |
| Hospital - | Unstable VS<br>Positive biomarker<br>EKG changes<br>Significant Stress Test abnormality<br>ECP / PMD clinical discretion |