

EPPA Clinical Guidelines ISSUED: MARCH 2018 ~ REVISED 2018



MANAGEMENT OF Chest Pain

This EPPA Clinical Guideline is intended to guide most, but not all, encounters involving chest pain and should not replace clinical judgment; deviate from or adapt this guideline to meet the individual patient's needs. This guideline is a modification of the HEART Pathway. Unlike the original HEART score, this pathway does not assign points for troponin in the initial calculation, and patients with new ischemic EKG changes (2 points) are excluded.

History:

Typical

- Central or left-sided
- Heavy
- Diaphoresis
- Radiation
- N/V
- Exertional
- Relieved by nitrates

Atypical:

- Well localized
- Sharp
- Non-exertional
- Right-sided
- Worsens with inspiration or palpation

2 Points: Mostly typical
1 Point: Elements of both
0 Points: Mostly atypical

EKG:

2 Points: New Ischemic Changes

- Ischemic ST depression
- Wellen's Syndrome

1 Point: Nonspecific Changes

- Repolarization abnormalities
- Nonspecific T wave changes
- Nonspecific ST depression or elevation
- BBB or pacemaker
- LVH
- Preexisting changes of ischemia or previous infarct

0 Points: Completely normal

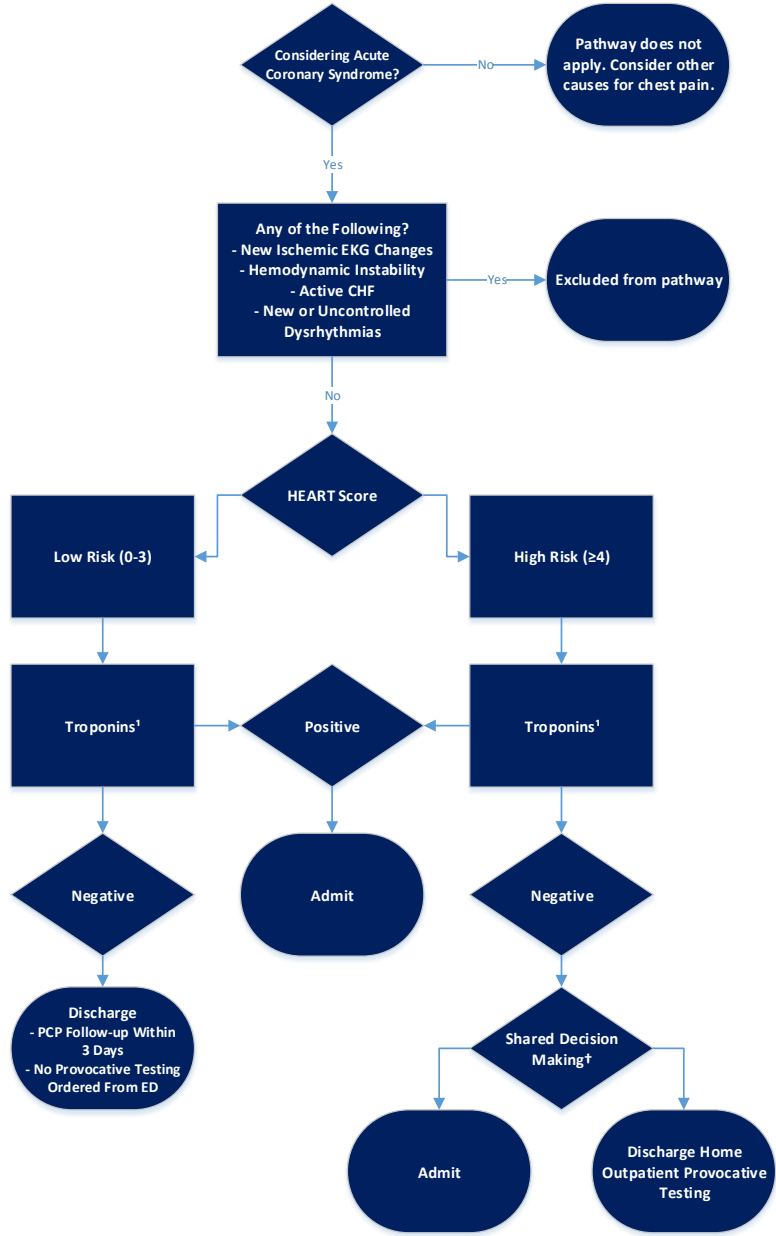
Age:

- **2 Points:** ≥ 65
- **1 Point:** 45 – 64
- **0 Points:** < 45

Risk Factors:

- Diabetes Mellitus
- Obesity (BMI ≥ 30)
- Current or recent (< 90 days) smoker
- Hypertension (diagnosed and/or treated)
- Hypercholesterolemia
- Family history of CAD (1st deg relative < 55 years)

- **2 Points:** ≥ 3 risk factors OR
 - Known CAD
 - Stroke
 - Peripheral arterial disease
- **1 Point:** 1 – 2 risk factors
- **0 Points:** No risk factors



¹ A single negative troponin is generally sufficient if measured 6 hours after onset of symptoms. If < 6 hours of symptoms, repeat troponin 2-3 hours after initial.



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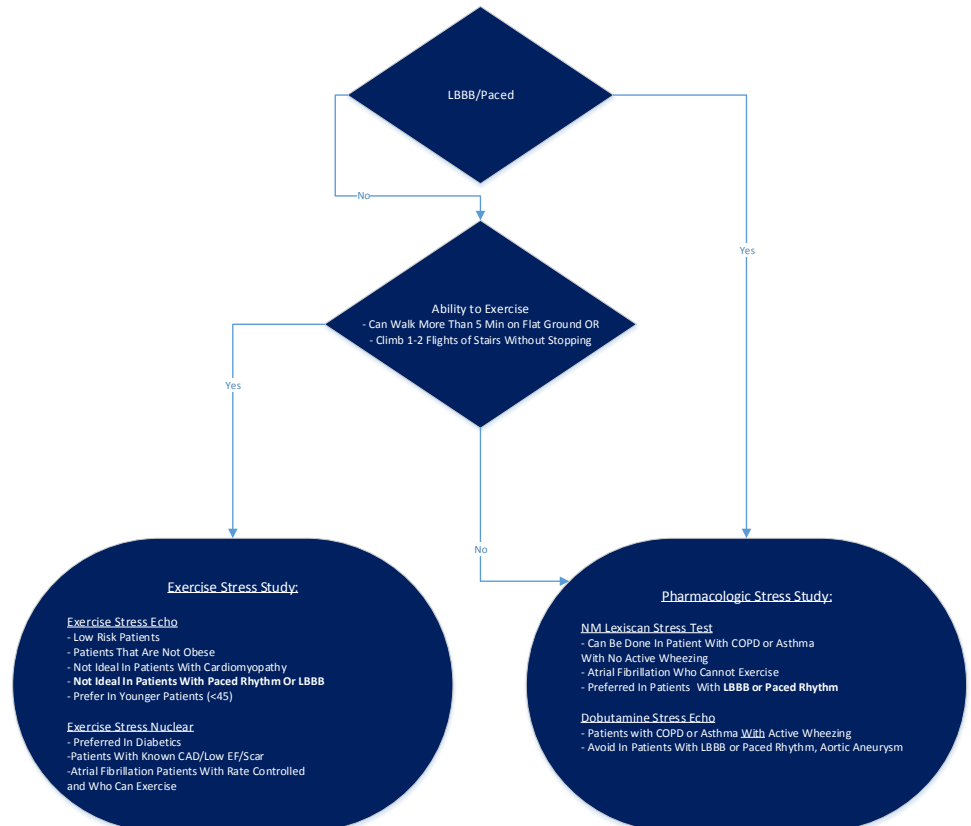
Original HEART Score Data:

HEART Score	Risk MACE within 6 weeks
0-3	0.9-1.7%
4-6 [†]	12-16.6%
≥7 [†]	50-65%
HEART Pathway (Mahler)*	Risk MACE within 1 month
0-3	0-1%
≥4 [‡]	6-27.6%

[†]In the original studies, patients scoring 4-6 were admitted to the hospital, while those scoring ≥ 7 were candidates for early invasive measures.

[‡]In the original HEART Pathway RCT, patients scoring ≥ 4 received objective cardiac testing prior to discharge.

Adult Cardiac Stress Tests



This guideline was established by a peer review organization and is protected under Minn. Stat. § 145.65

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