

Chest Pain



Please affix Patient Label

C H E S T P A I N A S S E S S M E N T

Presentation Date / / : Presentation Time

FEATURES OF THE CHEST PAIN

Description of pain:

Describe location and radiation:

How long has the pain been present:

Are there any associated symptoms:

Relieving factors:

Is the pain the same as previous ischaemic or infarct pain
 Yes No Unknown

Are there any precipitating/aggravating factors:

Exercise	Chest Wall Tenderness?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

Admission to hospital for chest pain

<input type="checkbox"/> None or >6 month	<input type="checkbox"/> Within the last 48 hours	<input type="checkbox"/> Within the last 28 days	<input type="checkbox"/> 1 month and 6 months
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If no admission previous ED presentation for chest pain?

<input type="checkbox"/> None or >6 months	<input type="checkbox"/> Within the last 48 hours	<input type="checkbox"/> Within the last 28 days	<input type="checkbox"/> 1 month and 6 months
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Has angina been diagnosed before? Yes No

Has the frequency of angina increased recently ? No Yes <2 weeks Yes >2 weeks

Presenting symptoms suggestive of ischaemic pain

<input type="checkbox"/> Definitely ischaemic	<input type="checkbox"/> Possibly ischaemic	<input type="checkbox"/> Probably not ischaemic	<input type="checkbox"/> Definitely not ischaemic
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Prior Stress test:

<input type="checkbox"/> Yes Positive result	<input type="checkbox"/> Yes Negative result	<input type="checkbox"/> Not done	<input type="checkbox"/> Unsure
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PAST HISTORY OF VASCULAR DISEASE fill in all known

Prior Cardiac History Yes No Unsure **If NO go to next section**

Prior Myocardial Infarct <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Implanted Cardiac Defibrillator <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Prior Coronary Angiogram <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (with stenosis >50%)	Pacemaker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Prior PTCA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Prior admissions for CHF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Prior CABG <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Prior Atrial Fibrillation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

History of PVD Yes No Unknown **If NO go to next section**

Prior Peripheral Angiogram <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (eg. AAA, Claudication, surgery)	Prior TIA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Prior PVD surgery <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Prior Stroke <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	If yes <input type="checkbox"/> Haemorrhagic <input type="checkbox"/> nonhaemorrhagic <input type="checkbox"/> Unknown

RISK FACTORS FOR HEART DISEASE

Risk factors present Yes No Unknown **If NO go to next section**

Hypercholesterolaemia <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Smoker ?
Hypertension <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Current <input type="checkbox"/> Never
Primary relative with IHD <55 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure (Ea anaina, MI, Sudden death)	<input type="checkbox"/> Quit <1 year <input type="checkbox"/> Quit >1 year
Obesity <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes ?
	<input type="checkbox"/> NIL <input type="checkbox"/> Insulin
	<input type="checkbox"/> Diet <input type="checkbox"/> Oral Meds

M R / 1 6 2

Additional history and current social issues

Past history - please list other medical problems and prior comorbidities

<input type="checkbox"/> Yes <input type="checkbox"/> No Malignancy	1
<input type="checkbox"/> Yes <input type="checkbox"/> No Chronic lung disease	2
<input type="checkbox"/> Yes <input type="checkbox"/> No Major bleed	3
<input type="checkbox"/> Yes <input type="checkbox"/> No Renal failure	4

Cardiac Medications

Aspirin

B-Blocker

ACEI

Statin

Calcium channel blocker

Nitrate

Hypoglycaemic agents

Other Current Medications

1

2

3

4

5

6

Allergies Yes No

Please note

PHYSICAL EXAMINATION AND INITIAL INVESTIGATIONS

Systolic BP / Diastolic BP

Heart rate

Glucometer

Signs of Ischaemia

Basal crepitations Yes No

Hypotension SBP < 90 mmHg Yes No

New or worsening mitral regurgitation Yes No

Pulmonary Oedema Yes No

Killip classification NB important for management

I No CHF no creps in lung fields, no S3

II Bibasilar creps in < 50% lung fields or 3 HS, or JVP distended

III Pulmonary oedema on xray or creps > 50% of lung fields

IV Cardiogenic shock (hypoperfusion or SBP < 90 mmHg)

CHEST X RAY

Abnormal Aortic contour Yes No
(if yes, consider aortic pathology)

Cardiomegaly (CTR > 0.5) Yes No

Interstitial oedema Yes No

Other findings document Yes No

Was ECG abnormal ? Yes complete this section No go to next section

If yes note new or presumed new abnormalities in 2 or more than below

Anterior changes

Q wave in V1-V4

ST elevation > 1mm

ST depression > 0.5mm

T wave inversion in 2 or more leads

Lateral changes

Q wave in I, aVL, V5, V6

ST elevation > 1mm

ST depression > 0.5mm

T wave inversion in 2 or more leads

Rhythm

Sinus Rhythm SVT

AF/flutter VT

Paced

Inferior changes

Q waves in 2 or more leads

ST elevation > 1mm

ST depression > 0.5mm

T wave inversion in 2 or more leads

Other Types MI

Posterior MI (Tall R wave V1, V2)

Right Infarct on right sided ECG (ST elevation > 0.1mm in V4R)

Bundle Branch present?

No

LBBB

RBBB

A. Determine the likelihood of significant CAD**A1 ARE THERE ANY FEATURES TO SUGGEST A HIGH LIKELIHOOD (>85% have CAD)?**

- Known history of CAD eg prior MI, angina, or >50% stenosis at angiography
- Definite angina -males 60yrs & over or Females 70yrs & over
- Marked symmetrical T wave inversion in 2+ precordial leads
- ST segment elevation or depression of 1 mm or more
- Variant angina - pain with reversible ST segment elevation
- Transient haemodynamic changes or ECG changes with pain

YES High likelihood IF NO go to A2 IF YES go to section B

A2 ARE THERE ANY FEATURES TO SUGGEST AN INTERMEDIATE LIKELIHOOD 5- 85% have CAD)

- Definite Angina: Males less than 60 yrs or Females less than 70 yrs
- Possibly Angina: Males 60 yrs & over or Females 70 yrs & over
- Possibly/Probably Not Angina in patients with Diabetes
- Possibly/Probably Not Angina in pts with 2 or more Risk Factors other than diabetes
- Extracardiac vascular disease - Cerebrovascular Disease, Peripheral Disease
- ST segment depression from 0.05 mm to 1 mm
- T wave inversion of 1 mm or more in leads with dominant R waves

YES Intermediate likelihood IF NO go to A3 IF YES go to section B

A3 Features to suggest a low likelihood (<5% have CAD)

- Chest pain classified as Probably Not Angina
- One (1) Risk Factor other than diabetes
- T wave flattening or inversion less than 1 mm in leads with dominant R waves
- Normal ECG

YES low likelihood go to section B

B. Determine the short term risk of adverse events**B1 ARE THERE ANY FEATURES TO SUGGEST A VERY HIGH RISK of MI, death at 1 MONTH >20%**

- Chest pain +SBP <90mm hg (Killip IV)
- Chest pain + Pulmonary oedema (Killip III)
- Chest pain + new or worsening mitral regurgitation

YES very high risk IF NO go to B2 IF YES go to page 4

B2 ARE THERE ANY FEATURES TO SUGGEST A HIGH RISK (MI, DEATH at 1MONTH >10%

- Prolonged pain (> 20 mins,) with high likelihood of CAD
- New onset angina Class III (walking<2 blocks) or Class IV (minimal activity or rest)angina
- Recurrent exertional angina in past 2 weeks, & High or Intermediate Likelihood
- Nocturnal angina
- Rest angina with dynamic ST changes of 1mm or more (elevation or depression)

YES high risk IF NO go to B3 IF YES go to page 4

B3 ARE THERE ANY FEATURES TO SUGGEST AN INTERMEDIATE RISK (MI, DEATH at 1MONTH= 10%

- Rest pain (<20 mins) now resolved, but High Likelihood of CAD
- Rest pain (> 20 mins) with intermediate or Low Likelihood of CAD
- Angina with dynamic T wave changes
- Q waves or ST depression of 1 mm or more in multiple leads
- Aged more than 65 years

YES intermediate risk if NO go to B3 if Yes go to page 4

B4 ARE THERE ANY FEATURES TO SUGGEST A LOW RISK (MI DEATH at 1 MONTH <1%)

- Normal or unchanged ECG
- New onset Angina within the last 2 weeks to 2 months
- Increased Angina frequency, severity or duration
- Angina provoked at a lower threshold

YES Low risk go to page 4

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CHEST PAIN ALLOCATION PATHWAY Select relevant Pathway management package
Sign below

Does the patient have definite features to confirm a diagnosis of non-coronary chest pain YES

NO

Exit Pathway and Manage Specific condition

Please Exclude the following

Aortic Dissection	<input type="checkbox"/> Excluded	<input type="checkbox"/> Not Excluded
Pericarditis	<input type="checkbox"/> Excluded	<input type="checkbox"/> Not Excluded
Pulmonary Embolism	<input type="checkbox"/> Excluded	<input type="checkbox"/> Not Excluded

Any not excluded

All excluded

Is chest pain arrhythmia related? YES

Exit Pathway & Manage Arrhythmia

NO

Very High risk short term (B1)

YES

Allocate CLINICAL PATHWAY 1

NO

High risk short term (B2)

YES

Allocate CLINICAL PATHWAY 2

NO

Low risk short term (B4)

YES

Discharge the patient

NO

- 1 We have found the risk of MI at month is < 1% It is safe to discharge the patient
- 2 Give the patient the chest pain information sheet
- 3 Follow up arrangements
CAD likelihood low to GP
CAD Intermediate likelihood Cardiac clinic
- 4 Complete ED discharge form

Intermediate risk short term (B3) Answer the following questions

Is the ECG free of ischaemic changes? No Yes

Is early discharge feasible? No Yes

Is the patient able to perform an EST? No Yes

Any NO

All Yes

Allocate Pathway 2

Allocate Pathway 3

Now complete pathway management documentation

Date and Time of completion / / :

Medical Officer Signature

Cardiac assessment nurse's modification of RMO documentation No change Changes noted signed and dated

Date and Time of completion / / :

CAN Signature