

Low and medium risk ischaemic chest pain with normal initial cardiac markers and no acute ischaemic ECG changes

EXCLUSION CRITERIA

ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> STEMI for cath lab High risk ischaemia e.g. <ul style="list-style-type: none"> Unstable angina Significantly raised initial troponin (from baseline) Recent CAGs / PCI Ischaemic ECG e.g. ST elevation or depression, LBBB Dynamic ECG changes Syncope 	<ul style="list-style-type: none"> Cardiac failure Ongoing chest pain requiring IV opiates (after consideration of alternative chest pain diagnoses and risk stratification for ACS)

KEY CONSIDERATIONS DURING SSU ADMISSION

- Analgesia
 - Aspirin 300mg oral daily/ Glyceryl Trinitrate 1-2 spray sublingual (if ACS suspected) prn
 - IV Morphine 2.5mg prn
- Antiemetic – Ondansetron 4-8 mg TDS oral or IV/ Metoclopramide 10 mg QID oral or IV prn
- *** NB.** Seek, exclude or treat other causes as clinically indicated e.g.
 - Aortic Dissection (older age, HTN, known aortic disease)
 - Pulmonary Embolism (apply PERC, Wells)
 - Pneumonia (CXR)
 - Pneumothorax (CXR)
 - Pericardial effusion +/- tamponade (features of myo/pericarditis, raised JVP)
 - Biliary (LFT/lipase)
- Cardiac monitoring
- Serial troponin as per WH guideline (if ACS suspected) – usually 3hrs apart
 - i.e. Raised troponin with Z-score > 2

REFERRAL CRITERIA (Cardiology)

- Systemic symptoms or haemodynamic instability
- Significant troponin rise
- Dynamic ECG changes (at any point of stay)
- Unresolved significant chest pain
- Other diagnosis declared

DISCHARGE CRITERIA

- Systemically well and stable vitals
- Tolerating oral analgesia
- Serial troponins and ECGs negative and sighted by medical officer
- Mobilising safely
- Social supports adequate

DISCHARGE REQUIREMENTS

- Follow up plan;
 - Consider outpatient stress ECHO / MIBI if multiple vascular risk factors
 - LMO or patient's own cardiologist follow up with letter, copies of ECG and investigation results
- Prescription for aspirin / anti-anginal where indicated by vascular risk, and medical certificate

NURSE INITIATED DISCHARGE CRITERIA

Medical staff to check:

- All investigations reviewed and results actioned
- Discharge documentation and patient education completed

NID: **Appropriate/ Not Appropriate**

Signature

Outcomes pending (to be filled in by MO):

Nursing staff to check:

- All "discharge criteria and requirements" met
- Patient remains pain-free

NID: **Appropriate/ Not Appropriate**

Signature