

BROWN EMERGENCY MEDICINE CDU CHEST PAIN DIAGNOSTIC PATHWAY

Purpose: To efficiently and accurately triage/risk stratify patients presenting to the ED with chest pain and normal or non-ischemic ECGs. These patients represent a population with low to intermediate likelihood of coronary artery disease (CAD) and low risk for an acute coronary syndrome (ACS).

Suggested Early Discharge Criteria (Patients with *all* of the following low risk criteria should strongly be considered for discharge from the Emergency Department):

- HEART Score ≤ 3
- No ischemic ECG changes
- Normal 0 and 3 hour troponin
- Chest pain free

Admission Eligibility Criteria (One of the following and all low risk criteria):

- Patients with recent chest pain who are now chest pain free
- Patients with discomfort thought to represent an anginal equivalent as a major symptom.
- Patients with chest discomfort as major symptom and a recent cocaine abuse.
- Patients with known coronary artery disease with atypical pain
- HEART Score < 7

- and -

1. Normal or non-diagnostic 12 lead ECG
2. Troponin I < 0.18
3. Age 40 - 80 yrs.

Exclusion Criteria:

- Vital Signs:
 - Temperature $> 100.4^{\circ}\text{F}$
 - Heart Rate > 100 or symptomatic bradycardia (HR < 60)
 - Systolic Blood Pressure < 100 mmHg or BP $\geq 180/100$ on 2 consecutive readings
 - Pulse Oximetry $< 93\%$
- Acute Comorbidities (requiring hospitalization or active management)
- Oxygen dependent COPD with a new oxygen requirement OR inability to exercise
- New left bundle branch block or cardiac arrhythmia (eg. atrial fibrillation)
- Weight > 350 lbs
- Inability to ambulate or lay recumbent for > 30 minutes
- Any condition found on the "CDU Universal Exclusion Criteria" list

- Requiring more assistance for ADLs than the CDU is capable of safely providing (one assist/patient for units with 5:1 maximum staff:patient ratio and no assists for units with >5:1 maximum staff:patient ratio)
- Unlikely discharge within a 24 hour period (ED attending discretion)

CDU Care Update 12/18/2015:

- 3 hour troponin <0.060 -> May undergo stress testing if recommended by cardiology.
- 3 hour troponin 0.061-0.18 -> Continue to manage in CDU for 6 hr troponin and trend. If recurrent chest pain or provider concern, contact ED attending and/or cardiology. No stress testing unless cleared by cardiology.
- If 6 hour troponin still 0.061-0.18 and up-trending -> Hospital admission (if patient already seen by cardiology, contact cardiology first)
- If 6 hour troponin still 0.061-0.18 and down-trending -> disposition per cardiology and ED attending
- Troponin >0.18 at any time during CDU observation -> Contact cardiology for admission (If before 7pm, contact their cardiologist. After 7pm, contact IMIS attending if CVI patient. If private cardiologist, contact them or their coverage 24 hours/day. For ANY cardiology patients admitted after 7pm, call IMIS to inform them of the admission.)

Admitting To the Chest Pain CDU Pathway

- From 0700-2300
 - Call the CDU APP to ensure bed availability and give verbal sign out
 - CDU APP will place the CDU orders
- From 2300-0700
 - ED attending is responsible for ensuring CDU bed availability
 - ED attending will place CDU orders (instructions can be found in help juice or in hard copy CDU binder in each team)
- Cardiologist Notification
 - For CVI patients, no cardiologist notification is required for CDU overnight admissions
 - **For other cardiologists (CINE, Southcoast, privates, etc.), a call must be placed 24 hours/day to notify the cardiologist that they have a patient being admitted to the TMH CDU that will need to be seen in the morning.**