Management of Chest Pain of Suspected Cardiac Origin

Pathway should be used in patients who would otherwise require transfer to hospital for further work up.

**Patients Present to General Practice**
- Trigger appropriately ECG within 15 minutes of arrival if STEMI suspected.
- Full set of Observations
- Haemodynamically stable
- Consider for other possible serious diagnosis:
  - Aortic dissection
  - PE
  - Pancreatitis
- Consider other possible RED Flags:
  - History strongly suggestive of Crescentic Angina
  - Ischaemic changes on ECG

**Consider Thrombolysis Pathway**
- Pathway immediately for reperfusion therapy.

**Perform EDACS Assessment to identify low risk patient suitable for potential community management.**
- (Clinical Judgement alone is unreliable and unsafe for this).

**Primary Care**
- EDACS < 16
  - Low Risk
  - Consider Assessment and management in Primary Care.
    - Bloods: iSTAT normal
    - No new ischaemia on ECG
    - No RED FLAG

**Secondary Care**
- EDACS ≥ 16
  - Low Risk
  - Discuss with on call Cardiology Service
    - Transfer to ED or Cardiology for review

**Please Note:**
All low risk patients (EDACS <16) will have blood drawn at initial assessment AND 2 hours later for testing with iSTAT.
An AND send duplex sample to local community laboratory.
(This is because the iSTAT is not accurate in the hospital lab.)