

Appendix

This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

Appendix to: Cullen L, Greenslade J, Merollini K, et al. Cost and outcomes of assessing patients with chest pain in an Australian emergency department. *Med J Aust* 2015; 202: 427-432. doi: 10.5694/mja14.00472.

Appendix

Queensland Health Risk Stratification Pathway for Possible Cardiac Chest Pain (Reproduced with permission).

Acute Coronary Syndromes (ACS) 2006. Heart, Lung and Circulation 2011; 20:487-502

Risk Stratification Pathway for Possible Cardiac Chest Pain - To be completed by medical staff - Local referral practices apply at any stage of this pathway Initial Assessment Stratify Manage Time: Initial: Date: Time: Initial: Time: Initial: ☐ High Risk Features Commence high risk ACS management plan after (Yes) High Risk Features; Presentation with clinical features consistent with acute coronary syndromes (ACS) and one or MO confirmation - eq. more of the following high risk features (tick as appropriate): NSTEACS (NSTEMI / UAP) Repetitive or prolonged (> 10 minutes) ongoing chest Left ventricular systolic dysfunction (left ventricular ejection fraction Yes +ve / STEMI pain or discomfort Elevated level of at least one cardiac biomarker - Tnl ☐ Haemodynamic compromise – systolic blood pressure < 90 Persistent or dynamic ECG changes of ST-segment mmHg, cool peripheries, diaphoresis, Killip Class > 1 Assessment after Objective testing depression ≥ 0.5 mm or new T-wave inversion ≥ 2 mm and/or new onset mitral regurgitation 2nd Tnl As determined by local availability. Transient ST-segment elevation (≥ 0.5 mm) in more than Sustained ventricular tachycardia No Positive Tnl? or (Ideal is within 72 hours) two contiguous leads ☐ Syncope Prior percutaneous coronary intervention within 6 months or prior Recurrent pain? or Exercise stress test (EST) or No 🛸 coronary artery bypass surgery Any ST / T wave Myocardial perfusion scan (MPS). changes? or Intermediate Risk Features stress echocardiography or CT Developed other Intermediate Risk Features: Presentation with clinical features consistent with ACS and any other of the following coronary angiography (CTCA). high risk features? intermediate risk features AND NOT meeting the criteria for high risk ACS (tick as appropriate); Resolved chest pain or discomfort within the past 48 hours that ☐ Two or more of the following risk factors: known Cease ACS occurred at rest, or was repetitive or prolonged (> 10 mins) hypertension, family history, active smoking or investigation. Age > 65 years hyperlipidaemia Presence of known diabetes (whether typical or atypical Prior regular aspirin use Consider other causes Chronic kidney disease - estimated GFR < 60 mL/min symptoms of ACS) Serial This and ECGs. =(+ve)= (whether typical or atypical symptoms of ACS) Known coronary heart disease - prior myocardial infarct with NB: Objective testing is unnecessary left ventricular ejection fraction > 0.40, or known coronary lesion more than 50% stenosed On discharge ☐ Low Risk Features Organise GP referral with letter and Yes) Presentation with clinical features consistent with ACS without intermediate risk or high risk features. Examples: Confirm objective testing arrangement (or result) onset of anginal symptoms within the last month OR worsening in severity or frequency of angina OR lowering in anginal threshold Consider cardiology / physician OPD follow-up Provide Heart Foundation booklet "How to Have a Healthy Additional reading: Chew P. Aroney C. Aylward P et al. 2011 Addendum... Guidelines for the Management of

Heart" (or similar) with risk factor modification advice