Chest Pain (HsTn)

Primary Assessment and Initial Orders

- EKG (MUST be within 10 minutes of arrival)
- VS = Continuous cardiac monitoring
- Basic metabolic panel
- CBC with differential
- High Sensitivity Troponin
- IV access
- CXR (PA & lateral, if patient stable) or AP CXR

Consider: PT/INR BNP D-dimer

Vital signs unstable?

- STEMI, new LBB or Q-waves
- Significant arrhythmia
- Alternative diagnosis

Primary Treatment

- ASA 325 mg PO (600 mg PR if unable to swallow)
- Apply Oxygen if SaO2 < 90%
- NTG 0.4 mg SL (persistent CP) (Contradictions)
- Consider Fentanyl 0.5-1 mcg/kg IV

Dynamic EKG changes?

First hs-cTn < 3 ng/L

First hs-cTn > 70 (\%), 100 (\%) ng/L

Repeat hs-cTn 1 hour from previous

Second hs-cTn 1 hr Δ hs-cTn < 4 ng/L

Second hs-cTn 1 hr Δ hs-cTn ≥ 15 ng/L

HEART Score ≥ 3

Low Risk:

Discharge

Intermediate Risk: (HEART Score 4-6)

CDU Exclusion Criteria?

Perform shared decision making.

CDU Chest Pain Protocol

High-Risk

Administer:

- High Intensity Statin (Atorvastatin 80 mg)
- Anticoagulation (UFH or LMWH)

Consider:

- If CP remains, begin NTG infusion starting at 10 mg/min (Contradictions)
- B-blockers, 50 mg Metoprolol PO (Contradictions)
- Clopidogrel or Ticagrelor

Admit