

**Ambulatory Care Management of Low risk Possible Cardiac Chest Pain**

***This pathway is to be used in conjunction with The DGRI Clinical Handbook-Suspected Acute Coronary Syndrome.***

<b>Patient Name</b> (Attach Label)  <b>CHI</b>	<b>Date</b>  <b>Time</b>  <b>Seen By</b>
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**Inclusion Criteria:**

**Patient presents with possible ischaemic chest pain or tightness.**

**Exclusion criteria (circle Yes or No)**

<b>Ongoing chest Pain/tightness</b>	<b>YES</b>	<b>NO</b>
<b>12 lead ECG suggests STEMI/new LBBB</b>	<b>YES</b>	<b>NO</b>
<b>12 Lead ECG shows <u>NEW</u> ST depression or T-wave inversion in 2 adjacent leads</b>	<b>YES</b>	<b>NO</b>
<b>12 lead ECG shows New and/or Fast Atrial fibrillation</b>	<b>YES</b>	<b>NO</b>
<b>Frail or significant co-morbidities</b>	<b>YES</b>	<b>NO</b>
<b>New Oxygen requirement</b>	<b>YES</b>	<b>NO</b>
<b>History of syncope/pre syncope at or around the onset of chest pain</b>	<b>YES</b>	<b>NO</b>
<b>NEWS &gt;3</b>	<b>YES</b>	<b>NO</b>
<b>Currently awaiting cardiology investigations</b>	<b>YES</b>	<b>NO</b>
<b>Evidence of Anaemia (Hb ≤100)</b>	<b>YES</b>	<b>NO</b>

**If you have selected YES to any of the above, the patient is not suitable for this pathway and should be transferred to the Main Medical assessment area and urgent medical review requested. If you have answered NO to all questions, please continue using this document.**

**History of Presenting Complaint:**

**Review of Systems**

**Relevant Past Medical History:**

**Relevant Family History**

**Previous Cardiac Investigations/Procedure/Operations?  
If So Please Give Details**

**Current Medication- print and attach ECS**

**Allergies:**

**Social History**

<b>Observations:</b>		
RR	SpO <sub>2</sub> on Air	Initial 12 lead ECG <input type="checkbox"/>
Temp	BP	
Heart rate	Blood Glucose	

**Examination Findings**

**General Appearance:**

**Cardiovascular System:**

**Respiratory Examination:**

**Abdominal System:**

Investigation	Results
Repeat 12 lead ECG	
Chest X-ray	
<b>Bloods:</b> <ul style="list-style-type: none"> <li>• FBC</li> <li>• U&amp;Es</li> <li>• LFTs</li> <li>• CRP</li> <li>• Non fasting Lipids</li> <li>• Initial Troponin T</li> <li>• Repeat Troponin if required</li> </ul>	
<b>Time of onset of chest pain</b> <input data-bbox="553 898 700 943" type="text"/> <b>Time of 1<sup>st</sup> Troponin</b> <input data-bbox="553 960 700 1005" type="text"/> <b>Time of 2<sup>nd</sup> Troponin</b> <input data-bbox="553 1023 700 1068" type="text"/>	

Please consult the clinical handbook for Troponin T interpretation

	Yes	No (Commence ACS treatment and transfer to main assessment area as soon as possible).
NSTEMI ruled out		
Unstable angina ruled out.		

Differential Diagnosis once ACS ruled out

Treatment Plan	Time and date when completed
<p>If symptoms suggest Diagnosis of stable Angina-</p> <ul style="list-style-type: none"> <li>• Outpatient Referral to rapid access chest pain clinic/cardiology team. Please email Sue Bryant and Mel Branney as per Cardiology outpatient referral process. (consult DGRI Handbook link <a href="https://www.nhsdghandbook.co.uk/inpatient-referrals-dgri/">https://www.nhsdghandbook.co.uk/inpatient-referrals-dgri/</a> for referral process)</li> <li>• Prescribe and issue Aspirin 75mg once daily, GTN spray.</li> <li>• Give Angina information leaflet to patient.</li> </ul>	
<p>Discharge home with 'worsening' advice if no further episodes of pain present after suitable period of observation.</p>	
<p>Prescribe analgesia if likely diagnosis musculoskeletal chest pain</p>	
<p>Prescribe oral PPI and peptac if likely gastroesophageal pain</p>	
<p>Complete IDL</p>	

**Consultant Comments:**

**Signature and contact Number:**

**All patients must be discussed with the on duty receiving Consultant before discharge.**

**Additional comments**

**AEC Pathway completed by**

Sign	Print	Date and Time
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