

# Assessment and Management of Chest Pain: Category I Hospital

**Patient presents to hospital with symptoms that could possibly be due to Acute Coronary Syndrome (Remember atypical presentations such as back, neck, arm or epigastric pain, dyspnoea, and diaphoresis)**

- Monitor **vital signs** and ECG trace
- Record 12 lead **ECG**, repeat every 10 minutes if pain ongoing
- Insert IV cannula / **bedside troponin** / other blood tests
- Consult a doctor within 10 minutes**
- Give **aspirin** 300 mg
- Give oxygen if saturations < 93% or in shock
- If in pain, give sublingual nitrates.
- Consider morphine to make painfree

Advice  
**Local Hospital Medical Unit**  
 or  
**Cardiology Advice Line (ONLY BSW REGION)**  
**1300 132 843 (phone/fax)**

- Pain free, **and**
- No ECG Changes, **and**
- Negative bedside troponin.

- Ongoing pain lasting longer than 10 minutes, **or**
- Recurrent pain, **or**
- Typical symptoms and diabetic or eGFR < 60, **or**
- CABG at any time or PCI in last 6 months, **or**
- ECG changes-new ST ↓ or T ↓, **or**
- Bedside Troponin T positive.

- Persistent ST elevation ≥1 mm in 2 contiguous limb leads, **or**
- 2 mm in ≥ 2 contiguous chest leads, **or**
- New LBBB.

## Chest Pain Protocol

## Non STEMI/Unstable Angina Protocol

## ST Elevation MI Protocol

**Admit to ward bed with cardiac monitor**

**Transfer**

**Thrombolyse and Transfer**

**Ensure RN with cardiac monitor experience available**

No suitable staff

**If chest pain returns**  
 • Sublingual GTN PRN  
 • Repeat ECG

Yes, pain recurs

**At 4 hours since arrival and at least 8 hrs since pain onset**  
 • Repeat ECG  
 • Repeat troponin

Positive troponin or new ECG changes

**High risk patient**  
 • Age ≥ 65 years  
 • ≥ 2 CAD risk factors  
 • Known heart disease  
 • Diabetic  
 • Estimated GFR < 60 ml/min  
 • Prior aspirin use

Yes, High risk

**Refer for exercise ECG**

**Discuss with Cardiology advice line on 1300 132 843**

**Ring Cardiology advice line on 1300 132 843 (call one)**  
**(Advice line currently only for BSW)**  
 (or nearest Physician on call)

**Consider** (Discuss with accepting unit)  
 • **Enoxaparin:** 1 mg/kg subcutaneously  
 • **Clopidogrel** 300 mg orally (If not a candidate for intervention/CABG )  
 • **Anti-anginal or calcium antagonist** (unless contraindicated).  
 • **GTN infusion** - Commence infusion 5µg min, increasing by 5 -10 µg/min increments according to pain, and blood pressure.

**Thrombolyse ASAP (< 30 minutes) if**  
 Pain < 12 hours  
 No contraindications

**Ring Cardiology advice line on 1300 132 843 (call one)**  
**(Advice line currently only for BSW)**  
 Speak to Cardiologist (or nearest Physician on call)

**Consider** (Discuss with accepting unit)  
 • Enoxaparin: 1 mg/kg subcutaneously  
 • GTN infusion - Commence infusion 5µg min increasing by 5 -10 µg/min increments according to pain, blood pressure.

**Ring ARV 1300 36 86 61 to arrange urgent ambulance (call two)**

**Call Destination Hospital (call three)**  
 • If going straight to CCU, alert Cardiology unit and Bed manager  
 • If going to Emergency Department, speak to Admitting Officer also

**Point Of Care Troponin**  
**< 50 ng/L**  
 Acute myocardial infarction not likely  
**50 - 100 ng/L**  
 Acute myocardial infarction possible (discuss)  
**150 ng/L**  
 Acute myocardial infarction likely

**Discharge patient, after completing Pre-discharge checklist**

- No on-going chest pain
- All ECGs and Troponins are negative
- Advised to call ambulance if pain returns
- Follow up with usual doctor arranged
- Cardiac risk factor reduction advised