

Date: _____ Time: _____

Completed by: _____

Lead Authors: Dr Aleem Khand, Consultant cardiologist,
Dr Freddy Frost, research Fellow
Contact: Aleem.khand@aintree.nhs.uk (office hours)
Evidence Base: B. Consultation: Pan-Liverpool

PATIENT DETAILS

Name:	DOB:	Unit number:	Gender:
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TIMING & DURATION

Time onset:
Duration:
Activity at onset

CHEST PAIN CHARACTERISTICS (please circle)

LOW SUSPICION	MODERATE SUSPICION	HIGH SUSPICION
<p>Non-central (epigastric, L or R sided)</p> <p>Localised chest pain (patient points to discreet position in chest)</p> <p>No radiation</p> <p>Pleuritic element</p> <p>'Sharp' / 'Pins and Needles'</p> <p><5 minutes in duration, non-recurring</p> <p>Other:</p> <p><i>≥2 in absence of high suspicion chest pain feature- consider differential diagnosis and investigate/ reassure appropriately. Only consider use of CP pathway/ troponin sampling if overall clinical suspicion of ACS remains</i></p>	<p>Elements of both 'High' & 'Low' suspicion</p> <p><i>Consider initiating Rx for ACS. Check Hstn , ECG and follow CP pathway</i></p>	<p>Central (above epigastric region)</p> <p>Radiation to neck/jaw or arms</p> <p>Worse on exertion or emotion</p> <p>Relieved by rest or GTN</p> <p>Associated autonomic symptoms: e.g. nausea, sweating, vomiting</p> <p>'Dull' / 'Squeezing' / 'Heavy' / 'tight'</p> <p>≥ 5 minutes, recurrent</p> <p>Other:</p> <p><i>≥2 in absence of low suspicion features: ECG monitoring, Initiate treatment for ACS. Check HsTn T, ECG and follow CP pathway.</i></p>

CV Risk /PMH (please circle/ annotate)

<p>Diabetes: Type 1, type 2, diet controlled</p> <p>Smoking: Current: Pack years: Ex: > 1year, <1 year</p> <p>Dyslipidaemia:</p> <p>Hypertension:</p> <p>PVD:</p> <p>FH:</p> <p>Obesity: Y/N (wt= kg ,ht= m)</p> <p>Previous CABG Year.....</p> <p> MI Year.....</p> <p> PCI Year.....</p>	<p>PMH:</p> <hr/> <p>Free Text:</p>
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MEDICATION

	<u>Allergies</u>
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OTHER RELEVANT HISTORY

(Social history/Systems Review/Previous relevant investigations)

OBSERVATIONS					
HR:	BP:	RR:	Sats:	Temp	MEWS:
EXAMINATION FINDINGS					
INVESTIGATIONS					
ECG:			CXR:		
Presentation troponin			BLOODS: (If indicated)		
Time: _____		_____ ng/l	Na:	K ⁺ :	Urea Creat
Second troponin			Hb:	WCC	Platelets
SEE LIVERPOOL CHEST PAIN PATHWAY					
Time: _____		_____ ng/l			
GRACE score			http://www.outcomes-umassmed.org/grace/acs_risk/acs_risk_content.html		
Grace 6 month mortality					
DIAGNOSIS					
1.			Unlikely ACS		
2.			Consider non-ACS diagnoses (see below)		
3.			Likely/Probable ACS		
			Consider ACS treatment		
MANAGEMENT					
NON-ACS CHEST PAIN DIFFERENTIAL (for guidance)					
TROPONIN RAISED			TROPONIN NORMAL		
Cardiac	Non-cardiac		Cardiac	Non-cardiac	
Myopericarditis Pulmonary embolus Arrhythmia Takotsubo's syndrome	Aortic dissection Chronically raised troponin eg CKD Pneumonia		Pericarditis Pulmonary embolus	Anxiety Musculoskeletal Pneumonia Pancreatitis GORD Cholecystitis Pneumothorax	