ED OBSERVATION UNIT:
CHEST PAIN PROTOCOL
NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients.

INCLUSION CRITERIA	*EXCLUSION CRITERIA*
• Primary complaint of chest pain • HEART Score 4-6	• High risk (HEART ≥ 7) • Active Chest Pain • STEMI Equivalent on EKG • Clinical impression for alternate high mortality diagnosis (trauma, PE, aortic dissection)

INTERVENTIONS	*OPTIONAL INTERVENTIONS*
• Cardiology consultation for provocative testing • NPO After Midnight for possible testing • Telemetry monitoring • Repeat EKG for active or worsening chest pain • Troponins trended x 2-3 measurements • Routine ECHOs as indicated • Aspirin (if not done and no contraindications) • Referral to cardiology clinic within 72 hours for higher-risk patients upon disposition	• Nitroglycerin • Supplemental oxygen • Chest X-ray

DISPOSITION	
Home: • Normal or stable cardiac enzymes • Negative stress testing (if performed) • No significant EKG changes • ED attending not suspecting cardiac ischemia	**Admission:** • Increasing levels of cardiac enzymes • Worsening or lack of improvement • Significant EKG changes • Significant stress test abnormality

Last updated 10/9/2020
ED OBS Team

ED OBSERVATION UNIT:
CHEST PAIN PROTOCOL
NYC H+H KINGS COUNTY HOSPITAL CENTER

Sources

1. Mahler, S. A. et al. Safely Identifying Emergency Department Patients With Acute Chest Pain for Early Discharge. Circulation 138, 2456–2468 (2018).
2. Long, B. & Koyfman, A. Best Clinical Practice: Current Controversies in Evaluation of Low-Risk Chest Pain-Part 1. J. Emerg. Med. 51, 668–676 (2016).
3. Foy, A. J., Liu, G., Davidson, W. R., Jr, Sciamanna, C. & Leslie, D. L. Comparative effectiveness of diagnostic testing strategies in emergency department patients with chest pain: an analysis of downstream testing, interventions, and outcomes. JAMA Intern. Med. 175, 428–436 (2015).
4. Amsterdam, E. A. et al. Testing of low-risk patients presenting to the emergency department with chest pain: a scientific statement from the American Heart Association. Circulation 122, 1756–1776 (2010).
5. Finnerty, N. M. & Weinstock, M. B. Can the HEART Score Rule Out Acute Coronary Syndromes in the Emergency Department? Ann. Emerg. Med. 72, 668–669 (2018).
6. Tomaszewski, C. A., Nestler, D., Shah, K. H., Sudhir, A. & Brown, M. D. Clinical Policy: Critical Issues in the Evaluation and Management of Emergency Department Patients With Suspected Non–ST-Elevation Acute Coronary Syndromes (Executive Summary). Ann. Emerg. Med. 72, 556–557 (2018).