

Please use I.D. label or block print

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Hospital / Health Service <b>WACHS Emergency Chest Pain Assessment</b> WARD: _____ DOCTOR: _____	Surname		UMRN / MRN	
	Given Name		DOB	Gender
	Address			Postcode
	Telephone			

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**DIFFERENTIAL DIAGNOSIS AND MANAGEMENT PLAN** (Tick all that apply) Doctor to complete

<input type="checkbox"/> Possible ACS	Low Risk = TIMI 0-3 with NO high risk features High Risk = TIMI > 3 or ANY high risk features	<b>See ACS Pathway Guide</b>				
<input type="checkbox"/> Possible PE	Manage with a combination of D-dimer, CXR, CT-PA, V/Q depending on local protocols. Seek specialist advice if required.					
<input type="checkbox"/> Possible dissection	Organise CXR and CT chest angiogram					
<input type="checkbox"/> Possible myocarditis or pericarditis	Seek specialist advice					
<input type="checkbox"/> Possible pneumothorax	Organise CXR					
<input type="checkbox"/> Oesophageal perforation	Refer to gastroenterology					
<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Pleurisy	<input type="checkbox"/> Gastro-intestinal				
<input type="checkbox"/> Other:						
<input type="checkbox"/> Tests (circle appropriate)	CXR	FBP	UEC	LFT	Lipase	Other:

**ACTIONS**

<input type="checkbox"/> Allocate ATS 1 or 2	<input type="checkbox"/> ECG done and interpreted within 10 minutes and placed within medical record
<input type="checkbox"/> Attach to cardiac monitor	<input type="checkbox"/> Give Aspirin 300mg if not already taken and no contraindications
<input type="checkbox"/> Obtain set of vital signs	<input type="checkbox"/> Call doctor / ETS if no doctor on site

**DISCHARGE FROM PATHWAY:** (Doctor / Nurse Practitioner confirms that the patient does not require assessment on this pathway)

Reason: \_\_\_\_\_  
 Name (Please print): \_\_\_\_\_ Signed: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**ECG INTERPRETATION** Rate / min: \_\_\_\_\_ Rhythm: \_\_\_\_\_

ST elevation > 1mm in 2 or more contiguous limb leads  
 OR  
 ST elevation > 2mm in 2 or more contiguous chest leads  
 OR  
 New Left Bundle Branch Block (LBBB)

**YES** → **Possible ST Elevation MI. CONSIDER FOR URGENT REPERFUSION. Cease this pathway and use Thrombolysis documentation and pathway**

Reviewing Clinician: \_\_\_\_\_ Time: \_\_\_\_\_

ST > 0.5mm ≥ 2 leads  Old LBBB  RBBB  
 rS wave ↓ > 2mm ≥ 2 leads  Q waves  No ischaemic changes  
 Other: \_\_\_\_\_

**PAIN ASSESSMENT** (Nurse to complete)

<b>TIME</b>	Onset: _____	Duration: _____	Severity: _____ / 10
<b>LOCATION</b>	<b>CHARACTER</b>	<b>OTHER</b>	
<input type="checkbox"/> Central	<input type="checkbox"/> Crushing	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Dyspnea
<input type="checkbox"/> Left	<input type="checkbox"/> Heavy	<input type="checkbox"/> Localized pain	<input type="checkbox"/> Dizzy
<input type="checkbox"/> Right	<input type="checkbox"/> Dull	<input type="checkbox"/> Diaphoresis	<input type="checkbox"/> Nausea
<input type="checkbox"/> Epigastric	<input type="checkbox"/> Pleuritic	<input type="checkbox"/> Grey / cyanotic	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Neck / Jaw	<input type="checkbox"/> Sharp / stabbing	<input type="checkbox"/> Palpation reproduces	<input type="checkbox"/> Syncope
<input type="checkbox"/> Back	<input type="checkbox"/> Aching	<input type="checkbox"/> Burning	

**PAST MEDICAL HISTORY** (Nurse to complete)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS** (note allergies on medication chart and MR1)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SOCIAL HISTORY** (Nurse to complete)

Smoker \_\_\_\_\_ / day  Ex-smoker, ceased \_\_\_\_\_ years ago

Alcohol \_\_\_\_\_ / day  Amphetamine / Cocaine

**DISPOSITION** (circle one) HOME WARD HDU / CCU / ICU Transfer \_\_\_\_\_

Referrals: \_\_\_\_\_

Patient left ED at: \_\_\_\_\_ hrs

Name (Please print): \_\_\_\_\_ Signed: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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**SAMPLE ONLY - DO NOT PRINT**  
**Order from iproc on 149007B**  
**Comes as a KIT (set of 2 together)**  
**Includes MR1B and Guide in middle**  
**50 sets in each KIT**



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HCWZZKIT0001  
 WMR1B 11/16

WACHS EMERGENCY CHEST PAIN ASSESSMENT MR1B





## Acute Coronary Syndrome Pathway (use with MR1B) Guideline

### Acute Coronary Syndrome (ACS) Pathway using TIMI

After history and examination, if it is considered that the patient may have a potential ACS, the following checklist should be used as a guide to appropriate management.

All medications must be prescribed on a medication chart by a Medical Officer (MO) / Nurse Practitioner (NP) or given by a nurse via verbal telephone order from MO.

Do not use this pathway if thrombolysing patient – use the thrombolysis pack.

<b>ALL PATIENTS</b>	<b>O2</b>	To maintain normoxia (SPO2 94–98%); or COPD (88–92%)		
	<b>Cardiac Monitoring</b>	Continuous cardiac monitoring until first hospital troponin is negative		
	<b>Aspirin</b>	300mg loading dose (unless already given) if not contraindicated		
	<b>Glycerin Trinitrate (GTN) sublingual or spray</b>	For pain (titrate to pain and blood pressure) <i>GTN is only safe to administer 24 hours after last dose of sildenafil (Viagra) or vardenafil (Levitra) and 3–5 days after last dose of tadalafil (Cialis)</i>		
	<b>Morphine (IV); anti-emetic prn</b>	If required for pain. Titrate for pain.		
	<b>Troponin Testing</b> <i>If patient presents more than 8 hours post pain, a single troponin may be adequate. Discuss with senior doctor.</i>	Troponin on arrival 4 hours (post arrival) 8 hours (post arrival)	<i>If using a laboratory based troponin, certain TIMI 0 patients may be eligible for an accelerated pathway. Discuss with cardiologist, FACEM or senior MO.</i>	
	<b>12 Lead ECG</b>	Regular ECGs (at least 2 hourly until no ongoing pain and no dynamic changes)		
	<b>Ongoing Assessment</b>	If patient has ongoing pain, any new ischaemic ECG changes or elevated troponin, move to <b>HIGH RISK</b> and discuss with cardiologist, FACEM or local specialist physician.		

<b>LOW RISK (TIMI 0–3 with No High Risk Features)</b>	If ECG normal and all troponins (including 8 hours post arrival) are negative, discharge home if social situation appropriate.		
	<input type="checkbox"/> No ongoing pain <input type="checkbox"/> Chest Pain Advice Sheet provided to patient / carer <input type="checkbox"/> Aspirin (if not contraindicated) <input type="checkbox"/> Investigations plan (if applicable) <input type="checkbox"/> If TIMI=3, cardiology outpatient follow up <input type="checkbox"/> GP follow up for risk factor modification <input type="checkbox"/> Discharge Summary / referral letter		
	If ECG changes or troponins positive, move to <b>High Risk</b> immediately.		
<b>HIGH RISK (TIMI &gt;3 or Any High Risk Feature)</b>		<b>TIMI 4 or High Risk features</b>	<b>TIMI &gt; 4 or ECG changes or positive troponin</b>
	Ticagrelor	Only under Specialist advice	Ticagrelor 180mg If HR<50, use clopidogrel 300mg. No antiplatelets if prior to haemorrhagic stroke.
	Anticoagulation	Only under Specialist advice	Enoxaparin or Heparin. Enoxaparin is the default, however, if time to angiogram is less than 6 hours AND APTT monitoring is available, consider Heparin under cardiology advice.
	Beta Blocker (orally)	Atenolol 25mg daily <b>OR</b> Metoprolol 25md bd orally Increase until blockage reached – heart rate 55–60. If no signs of developing heart failure or heart block, 2nd dose may be given > one hour after first if further heart rate reduction is required. If beta blockers are contraindicated consider Verapamil or Diltiazem	
	Disposition <i>As advised by cardiology, local specialists or local protocols</i>	Emergency Retrieval or tertiary centre <b>OR</b> Semi-elective transfer for early invasive management <b>OR</b> Admit locally	

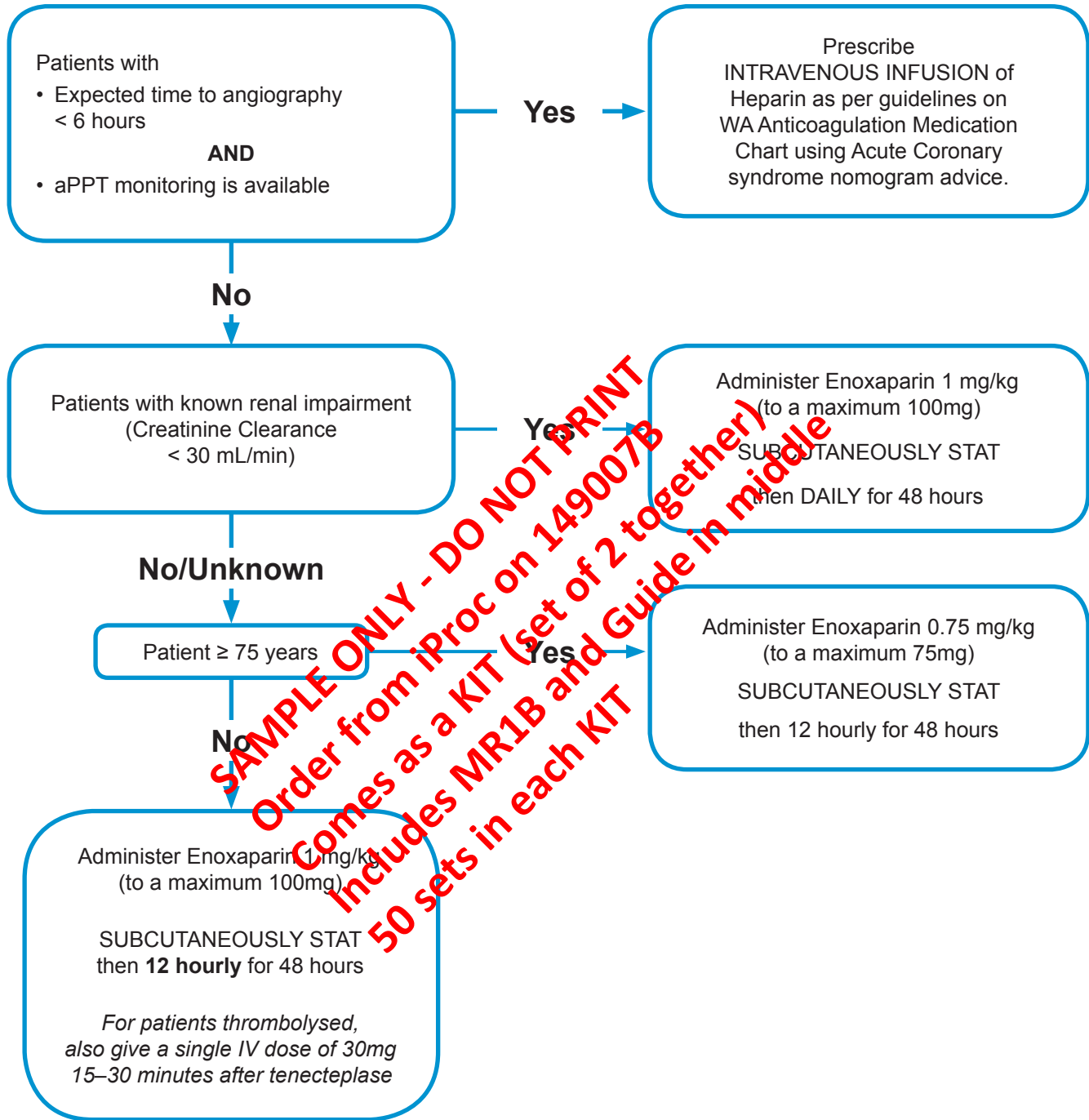
WACHS VERSION DATED 27 OCTOBER 2016



## High Risk ACS / Post Cardiac Thrombolysis Anticoagulation Guidelines

Anticoagulation guidelines for patients post cardiac thrombolysis OR high risk ACS (TIMI > 3 or a High Risk Feature).

**Note – All anticoagulation should be prescribed on a WA Anticoagulation Medication Chart (MR170C)**



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