|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **HEART Score for Chest Pain Patients** | | | | **History** | Highly suspicious: suspicious elements, exercise induced chest pain, middle or left-sided heavy chest pain/tightness, radiation, nausea, diaphoresis, dyspnoea, relief of symptoms by sublingual nitrates | **2** | | Moderately suspicious: atypical angina, both nonspecific and suspicious elements | **1** | | Slightly or non-suspicious :non cardiac sounding chest pain, pleuritic or positional pain, absence of specific elements in the patient history for coronary ischemia | **0** | |  | | | **ECG** | Significant ST-deviation (ST Elevation or ST Depression > 1mm) New LBBB/RBBB | **2** | | Non-specific changes, OLD Bundle branch blocks, pacemaker rhythms, LVH | **1** | | Normal ECG | **0** | |  | | | **Age** | ≥ 65 | **2** | | 45-65 | **1** | | ≤ 45 | **0** | |  | | | **Risk Factors** | ≥ 3 risk factors or history of atherosclerotic disease | **2** | | 1 - 2 risk factors | **1** | | No risk factors known | **0** | |  | | | **Troponin** | Above Normal limit | **2** | | ≤ Normal limit | **1** | |  | | | **Please circle scores** TOTAL | |  | | **Chest Pain Clinic referral form for ED (RED zone)**  **Please scan on ED printer & email to CPC**  **Patient may be discharged home with a follow up appointment for the chest pain clinic if all the following apply:**   * **Non ischaemic ECG □** * **Pain free > 6hrs from negative troponin □** * **HEARTscore equal to 3 □**   **Consider expert advice if patient’s history is convincing /new onset angina.**  Place patient’s addressograph here  **Patient Addressograph**  **NB Please include patient’s ED notes when scanning and give a brief description for reason for referral below:** |
| **Use HEARTscore as an adjunct to decision making only**  Advice given to patient: Patient advised to isolate and contact their GP to arrange COVID testing with a follow-up referral to the Chest Pain Clinic:  NB **Name of ED Registrar or Consultant** that discharge plan was discussed with:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of discharging SHO**. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MCRN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |