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| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |