

Chest Pain  
Triage Algorithm  
6/19/03 – Doug Tong

Suspected myocardial infarction on electrocardiogram:

- ST segment elevation  $\geq 1$  mm in  $\geq 2$  leads not known to be old.
- Pathologic Q waves in  $\geq 2$  leads not known to be old.
- Left bundle branch block not known to be old.

**OR**

- First troponin positive or intermediate.

Note: If none of the ECG criteria (above) are met, a troponin result is required for team assignment.

No

Yes

Suspected Ischemia on electrocardiogram:

- ST segment depression  $\geq 1$  mm in  $\geq 2$  leads not known to be old.
- T wave inversion in  $\geq 2$  leads not known to be old.

No

Yes

**POINTS:**

- Systolic blood pressure  $< 110$  mmHg.
- Bilateral rales above the bases.
- Worsening of previously stable angina.
- New or recurrent angina following a revascularization procedure.
- Pain that is the same as prior myocardial infarction.

0 Points

1 Point

$\geq 2$  Points

0-1 Point(s)

$\geq 2$  Points

Very low risk ( $<1\%$ )

Low risk ( $\sim 4\%$ )

Intermediate risk ( $\sim 8\%$ )

High risk ( $>16\%$ )

CCU Team

CCU Team

If no concurrent diagnosis (i.e. altered mental status, pneumonia, new arrhythmia, severe hypertension) or alternative diagnosis for chest pain, then consider triage to **chest pain team**. Otherwise, triage to CCU Team for primary cardiac diagnosis (i.e. arrhythmia) or to general medicine.

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REFERENCES:

Goldman L et al. Prediction of the Need for Intensive Care in Patients Who Come to Emergency Departments with Acute Chest Pain. NEJM 334(23): 1498-1504.

Lee T and Goldman L. Evaluation of the Patient with Acute Chest Pain. NEJM 342(16): 1187-1195.