

CPEC Decision Support Tool

Exclusion Criteria		
<input type="checkbox"/> Prior CAD (MI, coronary artery bypass graft (CABG)surgery, coronary stents) <input type="checkbox"/> Positive Biomarkers (Troponin or CK-MB) <input type="checkbox"/> ECG suggestive of ischemia (ST elevation or depression) -Bundle block and nonspecific changes may be suitable <input type="checkbox"/> Suspect other acute non-coronary diagnosis (Pulmonary embolus, pneumonia, heart failure, acute drug use) <input type="checkbox"/> Pregnancy		
Chest Pain Assessment	Risk Factor Assessment	
<input type="checkbox"/> Location: substernal / jaw / left arm <input type="checkbox"/> Onset with exertion or stress <input type="checkbox"/> Relief with rest or nitroglycerin ___ of 3 above present 0 or 1 = Nonanginal 2 = Atypical 3 = Typical	<input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Family History (men < 55, women <65) <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Peripheral Arterial Disease or stroke ___ of risk factors present	
Likelihood of Coronary Artery Disease		
<u>Low</u> - Nonanginal Pain - Age < 40 years - 0 or 1 Risk Factors <input type="checkbox"/> Exercise Treadmill Test	<u>Intermediate</u> - Atypical Pain - Age 40-60 - 2 or 3 Risk Factors <input type="checkbox"/> Exercise Treadmill Test <input type="checkbox"/> Cardiac CT Angiography	<u>High</u> - Typical Pain - Age > 60 years - Over 3 Risk Factors <input type="checkbox"/> Consult/Admit
Contraindications for Testing		
<u>Exercise Treadmill Test</u> - Unable to ambulate - Uninterpretable ECG (Bundle block, pacemaker, LVH)	<u>Cardiac CT Angiography</u> - Contrast Allergy (anaphylaxis or swelling) - Arrhythmia - Prior stent or CABG	
References: - Amsterdam et al. Testing of Low Risk Patients Presenting to the ED, Circulation 2010;122:1756. - Gibbons et al. ACC/AHA 2002 Guidelines update for Exercise Testing, Circulation 2002;106:1883. - Myers et al. Recommendations for Clinical Exercise Laboratories, Circulation 2009;119:3144.		

CAD Testing Suggested Management

Noninvasive testing, repeat biomarkers, and repeat ECG completed		
Biomarkers Negative AND No ischemia OR nonobstructive CAD*	Inconclusive Test	Ischemia on ETT OR Obstructive CAD on CTA OR Patients with positive biomarkers or ECG suggestive of ACS
<p style="text-align: center;">-Discharge to home</p> <p>-Patient Education on Chest Pain, what testing was done and prognosis of test</p> <p>*Patient with positive coronary calcium or nonobstructive CAD should be referred to primary care physician with summary of findings for follow-up within 1-2 weeks</p>	<p>-Inconclusive ETT includes inadequate stress (< 85 % predicted max HR) or uninterpretable results: consider escalated testing with Cardiac CT</p> <p>-Inconclusive Cardiac CTA includes motion artifact, poor images due to body habitus, or problems with contrast: consider Nuclear Stress, Stress Echo, or Cardiology Consultation</p>	<p style="text-align: center;">- Admit to Cardiology (MCI)</p> <p>Contact Shands senior Interventional Fellow with all admissions</p> <p>For admissions after 7 PM, wait until 7AM the following day to contact the interventional fellow</p>
<p>Reminders:</p> <ul style="list-style-type: none"> • From 8A to 5P, Cardiac CTA and Treadmill ECG test interpretations will be provided within 90 minutes • Preliminary reads of Cardiac CTA will be provided after 5pm including calcium score. Patients may be discharged and all Cardiac CTA results will be tracked by CPEC Directors. • Calcium score alone is not suitable for decisions regarding admission/discharge, please account for all laboratory values, ECGs, imaging studies, and patient re-evaluation prior to decision on disposition. 		