

# A right pain in the Chest

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# Previous Chest Pain Pathway

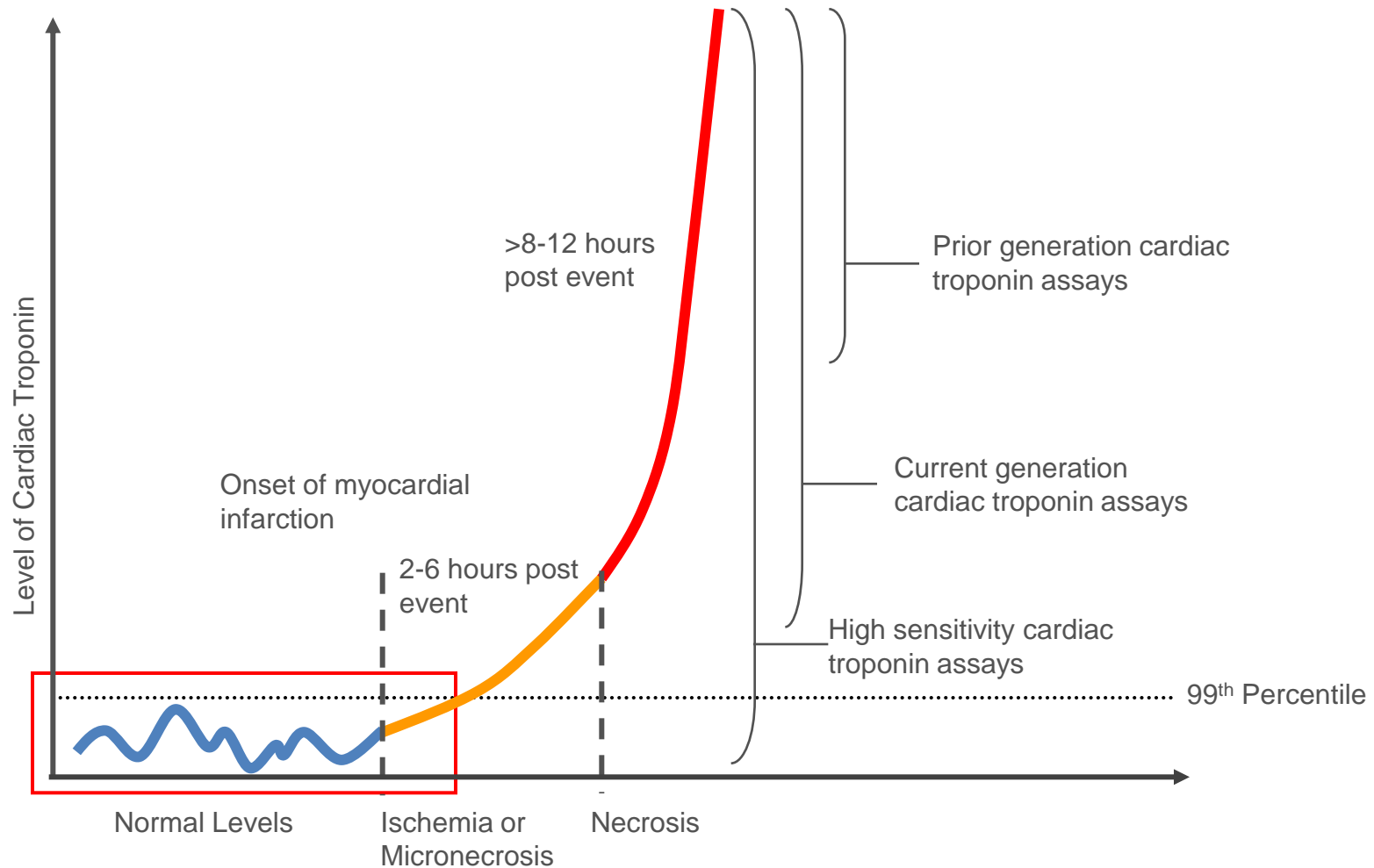
ED

- Risk factors +/- ECG changes
- Decision to admit to monitored bed under AMT to rule out NSTEMI
- Await monitored bed availability

Admit to  
Monitored bed  
under AMT

- Await **Troponin I 12 hours** from last episode of chest pain
- May need Cardiology review after result
- **If troponin I negative and no ECG changes +/- Cardiology opinion; discharge home**

# Detection Ranges for Different Generations of Cardiac Troponin Assays



Adapted from: Hochholzer, W. et al., *Am Heart J*, 2010, 160(4): 583-594

# Increased presentations with chest pain to Imperial EDs because:

Closure of local GP surgeries

Closure of HH EU

- Highly sensitive Trop I:
  - Prevent unnecessary admissions
  - Will reduce pressure for monitored bed capacity
  - Reduce length of stay whilst picking up patients who need cardiology intervention sooner

# New CP pathway introduced...

BUT

Do any of the GPs know about it???

SO... WHAT DO THE GPs:

- a) Do with Chest Pains
- b) Worry about?

So what do the Cardiologists  
Think you need to know...

Missing an MI in a very atypical  
presentation is understandable...  
but rare



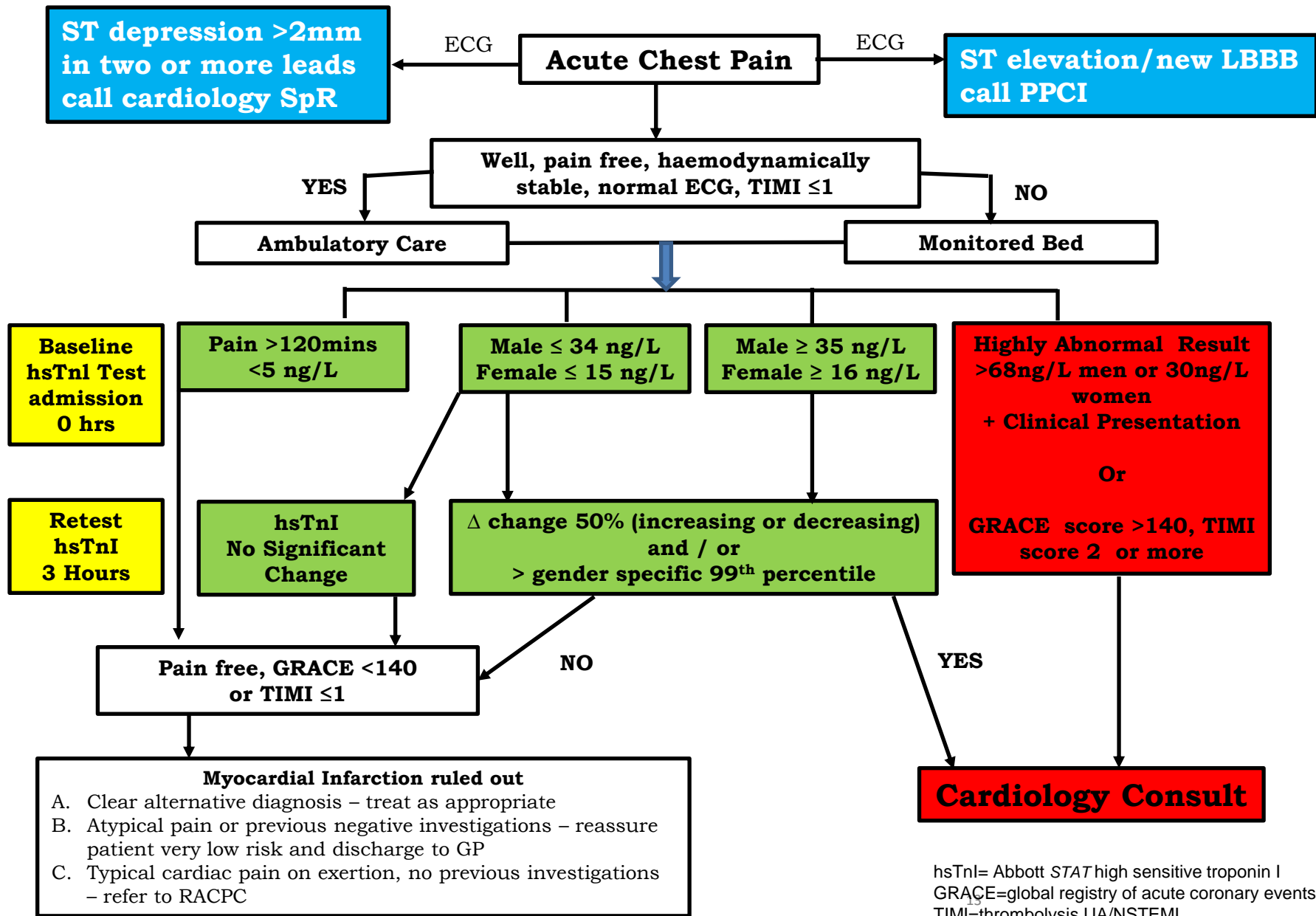
Cardiac pain IS pressing,  
squeezing , tight, central

Cardiac pain IS more likely in  
patients with risk factors

Post CABG and PCI chest  
exertional angina can be  
medically managed in the first  
instance

# Follow the Low Risk CP Pathway

# Trial Imperial College NHS Trust Chest Pain Algorithm



# Heading