

Policy and Procedure		Bayfront Health Dade City	
Title: <u>Serial ECGs, Troponins and the on-going evaluation and Management of Low Risk Chest Pain patients</u>		Function Teams: CVPI Committee	
Department: All Clinical Departments		Effective Date: 5/13	
Date(s) Reviewed: 9/16		Date(s) Revised: 6/14, 2/15, 8/16	
Approvals: ___ P&T ___ EOC ___ IC ___ MEC ___ BOT			
References/Other: 1) 2014 AHA/ACC Guidelines for Management of NSTEMI-ACS 2) 2013 AHA/ACC Guidelines for Management of ST Segment Elevation Myocardial Infarction (STEMI) 3) American Heart Association Advance Cardiac Life Support 2015; 4) <i>Circulation</i>. 2003;108:2619-2623			

PURPOSE

This Policy & Procedure is to be used in conjunction with the Low Risk Chest Pain physician’s order set to assist the nurse in the ongoing evaluation of *Serial ECGs, Serial Troponins and Patient Assessments*. Specifically this policy identifies when it is advisable to contact a patient’s cardiologist and/or hospitalist with results of serial ECGs, Troponins and/or patient assessments.

POLICY:

The patient’s primary RN will be responsible for implementation of this Policy and Procedure. Unless otherwise specified in the physician’s orders, this policy specifies parameters for when the patient’s cardiologist and/or hospitalist needs to be contacted with results of *ECGs, Troponins and/or ongoing patient evaluations*.

PROCEDURE:

Serial Troponins and ECGs are to be obtained at 3 and 6 hours after the initial ECG and Troponin were obtained. It is advisable to obtain the ECG and assess the patient at the time the troponin sample is drawn, as to limit the number of visits to the patient; this is especially true at night when patients are trying to sleep.

Unless noted otherwise in the physician’s orders, contact the physician for any of the following:

1. **Serial ECG changes:**
 - a. Computer interpretation indicates the presence of new Acute Myocardial Infarction, Ischemia and/or Injury.
 - b. Changes to the J Points, ST Segments and or T waves that were not present on previous ECGs (Dynamic ST-T changes).
2. **Serial Troponin** is “positive” when not positive before. If troponin was positive before, the new result shows it is escalating.
3. **Patient Assessment** reveals the presence of typical or atypical Acute Coronary Syndrome (ACS) symptoms that were not present previously, or worsening (if previously reported by the patient). “Typical and Atypical ACS Symptoms” are characterized by the presence of:
 - a. Typical symptoms of ACS:
 - i. mid-sternal or left side of chest; pain, pressure or squeezing sensation
 - ii. chest pain/pressure with radiation to arm(s), shoulder(s), neck and/or jaw

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- iii. chest pain/pressure associated with diaphoresis, nausea, vomiting, dizziness, dyspnea. Syncope
- iv. chest pain/pressure with previous history of coronary heart disease, hypertension
- b. Atypical symptoms of ACS include:
 - i. Any pain or pressure in the places where typical ACS pain can radiate to, (but minus the chest pain): Shoulder(s), neck, jaw, arm(s), back
 - ii. Abdominal pain / pressure
 - iii. Shortness of Breath
 - iv. Overwhelming fatigue / exhaustion
 - v. Nausea / vomiting (unexplained)
 - vi. Cold sweats and/or pale, clammy skin
 - vii. Palpitations, fast/racing heart rate
 - viii. Panic with feeling of impending doom

Whenever a patient's ECG indicates "Acute Myocardial Infarction," implement Bayfront Health Dade City's "STEMI Alert" Policy and Procedure.

Whenever a patient reports new symptoms of Typical or Atypical ACS, implement Bayfront Health Dade City's "Acute Chest Pain Policy and Procedure."

Every effort should be made to place Low Risk Chest Pain observation patients in a comfortable, quiet room (e.g.: moved to a monitored bed outside of the Emergency Department). This is especially true when the patient may be staying longer than 6 hours, as is often true when the patient will be stress tested in-house prior to discharge.