Assessment protocol for suspected ACS using a highly sensitive lab-based assay

**IMPORTANT NOTICE:** Management protocols never replace clinical judgement. The care outlined in this protocol must be altered if it is not clinically appropriate for the individual patient.

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**Troponin and ECG testing on presentation (0h)**

**High risk features for possible cardiac cause of chest pain (including ACS and other cardiac diagnoses)**
- Ongoing or repetitive chest pain despite initial ED treatment
- Elevated level of cardiac troponin*
- Ischaemic ECG changes
- Haemodynamic compromise — systolic blood pressure <90 mmHg, cool peripheries, diaphoresis, Killip Class > I, and/or new-onset mitral regurgitation
- Sustained ventricular tachycardia
- Syncope
- Known left ventricular systolic dysfunction (left ventricular ejection fraction <40%)
- Prior AMI, percutaneous coronary intervention or prior coronary artery bypass surgery within 6 months

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**Note:** It is important to validate the local Suspected ACS assessment protocol (Suspected ACS-AP). We recommend evaluating three components: Routinely monitor and assess patients receiving the local Suspected ACS-AP; continuously evaluate adherence to the Suspected ACS-AP; conduct ongoing assessment of the 30-day outcome associated with the application of the Suspected ACS-AP. *Elevated troponin defined as >99th percentile of a normal reference population. AMI, acute myocardial infarction; CAD, coronary artery disease; ECG, electrocardiogram; ED, emergency department

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This figure has been reproduced from National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand (NHFA and CSANZ); Chew DP, Scott IA, Cullen L et al. NHFA and CSANZ: Australian clinical guidelines for the management of acute coronary syndromes 2016. Heart Lung Circ 2016; 25:895–951.

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