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.

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*
- Persistent or dynamic electrocardiographic changes of ST-segment depression ≥0.5 mm or new T-wave inversion ≥2 mm in more than two contiguous leads
- Transient ST-segment elevation (≥0.5 mm) in more than two contiguous leads
- 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

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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