CHEST PAIN ASSESSMENT ALGORITHM

STABLE SYMPTOMS – ASSESS PRE-TEST LIKELIHOOD CAD

UNSTABLE SYMPTOMS
- New onset angina
- Accelerating angina
- Prolonged resting angina

Prevalence of CAD (%) in Symptomatic Patients According to Age and Sex

	Typical angina		Atypical angina		Non anginal chest pain	
AGE	Men	Women	Men	Women	Men	Women
30-39	69.7	25.8	21.8	4.2	5.2	0.8
40-49	87.3	55.2	46.1	13.3	14.1	2.8
50-59	92.0	79.4	58.9	32.4	21.5	8.4
60-69	94.3	90.6	90.6	54.6	28.1	18.6
	3 of 3 criteria		2 of 3 criteria		1 of 3 criteria	

1)Retrosternal discomfort,2)Provoked by exercise or stress,3)Relieved by rest or NTG

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Low Likelihood
CAD <10% risk
Consider no test

Intermediate Likelihood
CAD 10-90% risk

High Risk
CAD >90% risk
Consider non-invasive assessment to determine severity and extent of CAD or cardiac catheterization based on severity of symptoms.

Patient **able** to exercise

Patient **unable** to exercise

ECG Normal

ECG Abnormal

Exercise Stress Test

Exercise Myocardial Perfusion Scan*

Exercise Stress Echo

Persantine** Myocardial Perfusion Scan*

Dobutamine Stress Echo

*Avoid in women of child-bearing years **Persantine may be contra-indicated in asthma

TEST RESULT

Normal

Equivocal or Mild Symptoms

Abnormal Low/ Moderate Risk

Abnormal High Risk

ACS Protocol

High Risk

Indeterminate Risk

Optimal Medical Therapy

CT Angiogram

Cardiac Catheterization

Non-Invasive Risk Stratification

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