





Note:

*For all patient with abnormal hs-cTnI results, check the medical record for prior results. Many patients have stable abnormalities in hs-cTnI and measured concentrations similar to the patient's baseline are reassuring.

For patients presenting >6 hours from symptoms onset, ESC Guidelines advise that patients are unlikely to have an acute MI if:

- hs-cTn < Upper Limit of Normal (i.e. hs-cTnl <18 ng/L) AND,
- >6 hours since symptom onset AND,
- pain-free AND,
- the clinical presentation is Low Risk.

However, coronary ischemia has not been definitively excluded and unstable angina must be considered. Disposition after a single hs-cTnl <18 ng/L should only be considered for low risk patients with >6 hours since symptoms onset and should be used cautiously.

All patients presenting <6 hours since symptom onset, with active symptoms or presentations that are not clearly low risk, should have repeat hs-cTnl testing at 2 hours. For patients with rising troponin levels at 2 hours, concerning ongoing symptoms, or high risk clinical presentations, repeat testing at 4 hours and Cardiology consultation should be considered. Clinicians may consider using a structured risk score such as the HEART score to guide decision making for patients in the observational zone.

HEART Score Calculation				
History		Highly suspicious	2	
	Moderately suspicious		1	
	Slightly suspicious		0	
ECG	Significant ST-depression		2	
	Non-specific repolarization disturbance, LBBB, LVH, Paced		1	
	Normal		0	
Age	≥ 65 years		2	
	45-64 years		1	
	≤ 44 years		0	
Risk Factors	Diabetes	≥ 3 risk factors or history of atherosclerotic disease	2	
		1 or 2 risk factors	1	
	☐ Family hx CAD ☐ HTN (diagnosed) ☐ HL (diagnosed)	No risk factors known	0	
hs-cTnl (peak)	> 3x norm	al limit (55 ng/L or greater)	2	
	1-3x normal limit (18-54 ng/L)		1	
	< normal limit (< 18 ng/L)		0	
Total (10 maximum)				
HEART Score Interpretation				
Low Risk				0-3
Moderate Risk				4-6
High Risk				7-10