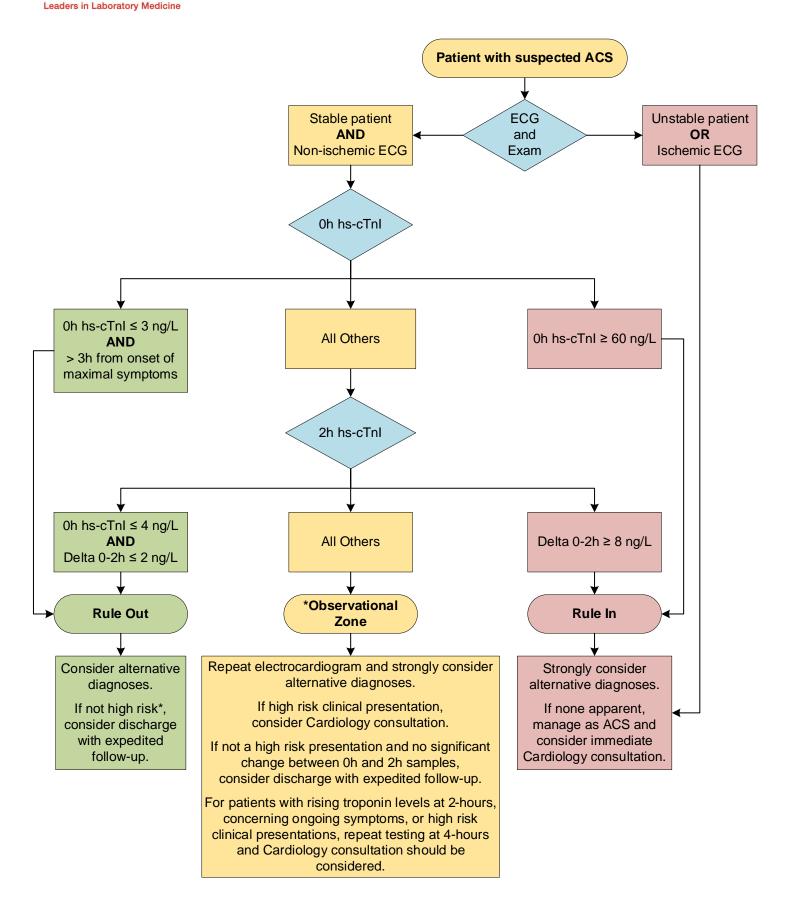


2-Hour Chest Pain Pathway for Quidel® TriageTrue® High Sensitivity Troponin-I Assay







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Leaders in Laboratory Medicine

Note:

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

Per European Society of Cardiology (ESC) Guidelines and 4th universal definition of MI, if the patient is >6h from symptom onset, has a hs-cTnI <21 ng/L (99th percentile upper reference limit), are pain-free, and have a low-risk presentation, they can be considered ruled out.

However, coronary ischemia has not been definitively excluded and unstable angina must be considered. Disposition after a single hs-cTnl <21 ng/L should only be considered for patients with low-risk clinical presentations who are >6 hours since symptoms onset, and should be used cautiously.

Troponin concentration may be elevated in the presence of kidney dysfunction. Patients with an eGFR <60 and an elevated troponin concentration should undergo serial testing to confirm a rising troponin concentration consistent with myocardial injury. Patients with an eGFR <60 who have troponin concentrations in the rule-out zone can be considered to have myocardial injury safely excluded.

HEART Score Calculation				
History	Highly suspicious			
	Moderately suspicious			
	Slightly suspicious		0	
ECG	Significant ST-depression		2	
	Non-specific repolarization disturbance, LBBB, LVH, Paced		1	
	Normal		0	
Age	≥ 65 years			
	45-64 years			
	≤ 44 years		0	
Risk Factors	☐ Diabetes ☐ Current smoker ☐ Obesity	≥ 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 normal limit (64 ng/L or greater)		2	
	1-3x normal limit (21-63 ng/L)		1	
	< normal limit (< 21 ng/L)		0	
Total (10 maximum)				
HEART Score Interpretation				
Low Risk				0-3
Moderate Risk				4-6
High Risk				7-10