PP063 A STUDY ON MODIFIED ACCELERATED DIAGNOSTIC PROTOCOL TO SAFELY DISCHARGE LOW RISK CHEST PAIN PATIENTS IN EMERGENCY DEPARTMENT.

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INTRODUCTION

Evaluation of chest pain patients in emergency department to distinguish between high risk patients who require for inpatient intervention and low risk patients who can be managed as outpatients is a challenging task. The aim of this study is to evaluate a modified accelerated diagnostic protocol (MADP), whether it can be applied for safe discharge of low risk chest pain patients in emergency department. The MADP incorporated TIMI risk score, serial ECG, high sensitivity cardiac troponin T (hs-cTnT), and exercise treadmill test (ETT) within 1 week.

METHODS

This was a single center prospective observational study, conducted from 1st March 2016 until 31st August 2016 at the Emergency and Trauma Department, Hospital Kuala Lumpur, Kuala Lumpur (ETDHKL). Patients presented with chest pain or angina equivalents were recruited. Patients with TIMI score of 0 or 1, normal serial ECGs, negative high sensitivity cardiac troponin T, and negative ETT were considered as low risk and allowed for discharge. Patients were followed up in 30 days for any incidence of major adverse cardiac events (MACEs).

RESULTS

One-hundred-and-seventy-four patients were studied. The MADP managed to identify 102 (58.6%) patients as low risk. Eighty-four (82.4%) of the low risk patients underwent ETT. Forty-six (54.8%) patients had negative results, whereas 38 (45.2%) patients had either positive or inconclusive results, and they were referred to physician clinic for further cardiac assessment. None of the patients with negative ETT developed MACEs in 30 days. The sensitivity and the NPV of this MADP were both 100%.

CONCLUSION

This MADP can be applied in emergency departments to identify and safely discharge patients with low risk of MACEs in 30 days.