PP054 CHEST PAIN MANAGEMENT OF NON-ACUTE CORONARY SYNDROME CASES IN A CARDIAC HOSPITAL EMERGENCY DEPARTMENT

F Mohd Salleh[1], D Bolkim[1], HL Koey[1], KR Sirikonda[1], S Muthiah[1], MSA Ghazali[1], CJ Tan[1], M Imad[1], H Mohd Ali[1], AS Mohamed[1], AS Mazlan[1]

[1] *Institut Jantung Negara*

INTRODUCTION

Safe management of non-Acute Coronary Syndrome (ACS) chest pain in the Emergency Department can be a challenging process for doctors. Various studies have proposed chest pain algorithms that include serial ECG, serial cardiac enzymes as well as risk stratification to determine short term (30-day) outcomes of Major Adverse Cardiac Events (MACE) in these patients.

MATERIALS AND METHODS

This study was conducted from January to October 2016 and included all patients with chest pain where cardiac causes cannot be ruled out based on history and examination and that were not initially diagnosed as STEMI, NSTEMI or Unstable Angina. All included patients has an initial normal ECG or ECG similar to past ECGs and normal point-of-care cardiac troponin levels. Doctors were required to use Emergency Department Assessment of Chest Pain Score (EDACS) to risk stratify patients into low risk (EDACS <16) and not low risk (EDACS ≥16). Patients were followed up for 30-day MACE.

RESULTS

106 patients were recruited during the study period. However, 3 patients were lost to follow up. Out of the 103 included in the analysis, 83.5% (n=86) were males and 16.5% (n=17) were females. The most dominant age group were those between 51-60 years old at 35.9% (n=37) followed by the 31-40 and 61-70 age groups respectively, both at 19.4% (n=20). 65% (n=67) of patients had a low risk EDACS score of <16 while 35% (n=36) had an EDACS score of ≥16. Only 11.6% (n=12) patients had serial ECG in the Emergency Department and only 8.7% (n=9) had serial Troponin test. All patients were given follow up appointments at the clinic. All patients had no 30-day MACE on follow up.

DISCUSSION

In our study we found that although the patients were risk stratified using the EDACS score, there were no patients with 30-day MACE.