

Suggested Chest Pain Assessment Algorithm (Excluding Acute Coronary Syndromes)

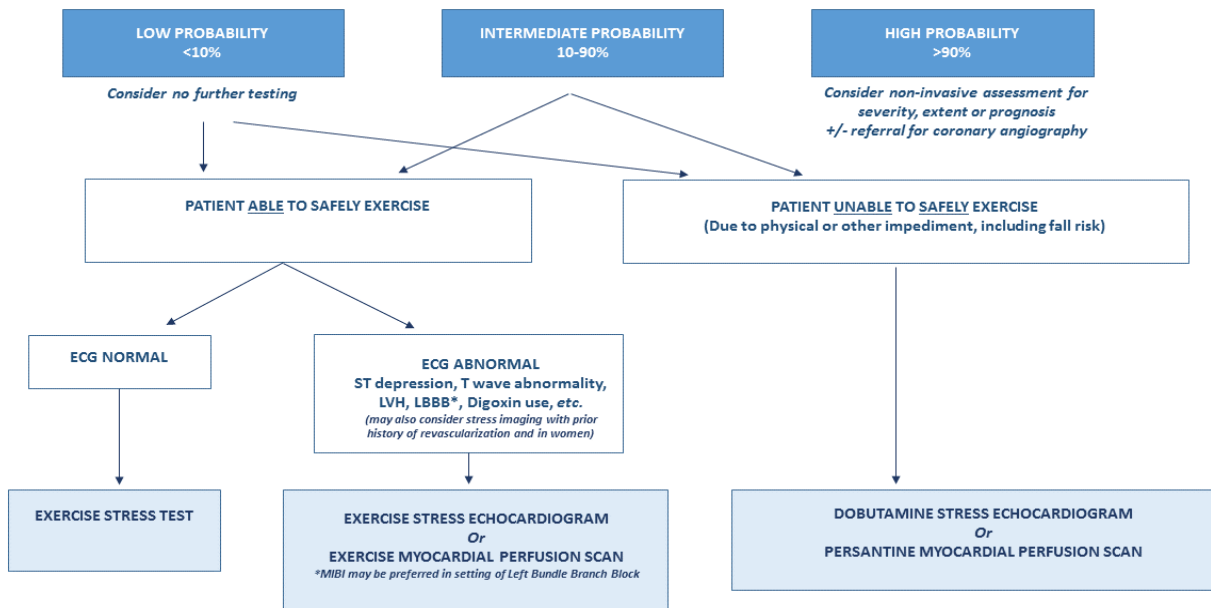
STEP 1. Estimate Pretest Probability of Obstructive Coronary Disease as the cause for the patient's chest pain:

Chest Pain Characteristics:

1. Substernal chest discomfort, with characteristic quality and duration
2. Provoked by exertion or emotional stress
3. Relieved by rest &/or Nitroglycerine

Age	Non-Anginal Chest Pain ≤ 1 of 3		Atypical Chest Pain 2 of 3		Typical Anginal Chest Pain 3 of 3	
	Male	Female	Male	Female	Male	Female
30-39	4%	2%	34%	12%	76%	26%
40-49	13%	3%	51%	22%	87%	55%
50-59	20%	7%	65%	33%	93%	73%
60-69	27%	14%	72%	51%	94%	86%

STEP 2. Determine the appropriate non-invasive risk stratification method:



Adapted from ACC 2012 Guideline for the diagnosis and Management of Patients with Stable Ischemic Heart Disease. Circulation. 2012. 126:e354-e471.

Stress Test with Consultation & +/- Consultation Services:

- Appropriate for the evaluation of patients presenting with chest pain or dyspnea with intermediate to high pre-test probability of obstructive CAD
- Cardiovascular screening for asymptomatic patients with multiple cardiovascular risk factors
- Pre-operative cardiac assessment, in patients with multiple cardiovascular risk factors or known CAD, not currently followed by a Cardiologist, WHEN it will change management
- +/- Consultation means a consultation will be provided in the event of a high risk study
- Stress test with Consultation service is NOT appropriate for patients who are currently being followed and managed by a Cardiologist. In this case, either refer directly to that physician's office or order a test only, with the results copied to the patient's usual Cardiologist