## CDU Chest Pain Inclusion/Exclusion Criteria

### Inclusion Criteria
1. History of chest pain
2. Normal or unchanged EKG
3. Initial cardiac enzymes within normal range
4. Stable Vital Signs
5. No history of ACS

### Exclusion Criteria
1. EKG evidence of MI
2. High suspicion of MI
3. Unstable Vital Signs
4. Clear diagnosis of ACS by history
5. Prior history of ACS
6. Private attending chooses IP admission

### Emergency Department Interventions
1. IV, oxygen, EKG, CXR, continuous cardiac monitoring
2. Aspirin 325 mg PO if not contraindicated
3. Initial cardiac enzymes obtain in Emergency Department
4. Nitrates as needed for pain
5. Emergency Department attending speaks with primary MD or Cardiologist (on call)

### Clinical Decision Unit Interventions
1. IV, oxygen, cardiac monitoring
2. Obtain STAT 12 lead EKG for worsening pain
3. Contact ED attending for rhythm abnormalities or ST-segment changes
4. Add D-dimer to blood in lab
      a. If positive, order CT scan of chest to R/O pulmonary embolus
5. Time 0 and 4 hours CK, troponin
6. If cardiac enzymes abnormal, admit to hospital
7. If cardiac enzymes negative, order appropriate stress test

### Disposition Criteria
1. Home
      a. Stable Vital Signs
      b. Normal cardiac enzymes and D-dimer
      c. Unremarkable stress test
      d. No significant EKG changes
2. Hospital
      a. Unstable Vital Signs
      b. Positive cardiac enzymes
      c. Abnormal CT scan
      d. EKG changes
      e. Significant stress test abnormality
      f. ED, primary MD or Cardiologist clinical discretion

### Time Frame
1. 8 to 24 hours