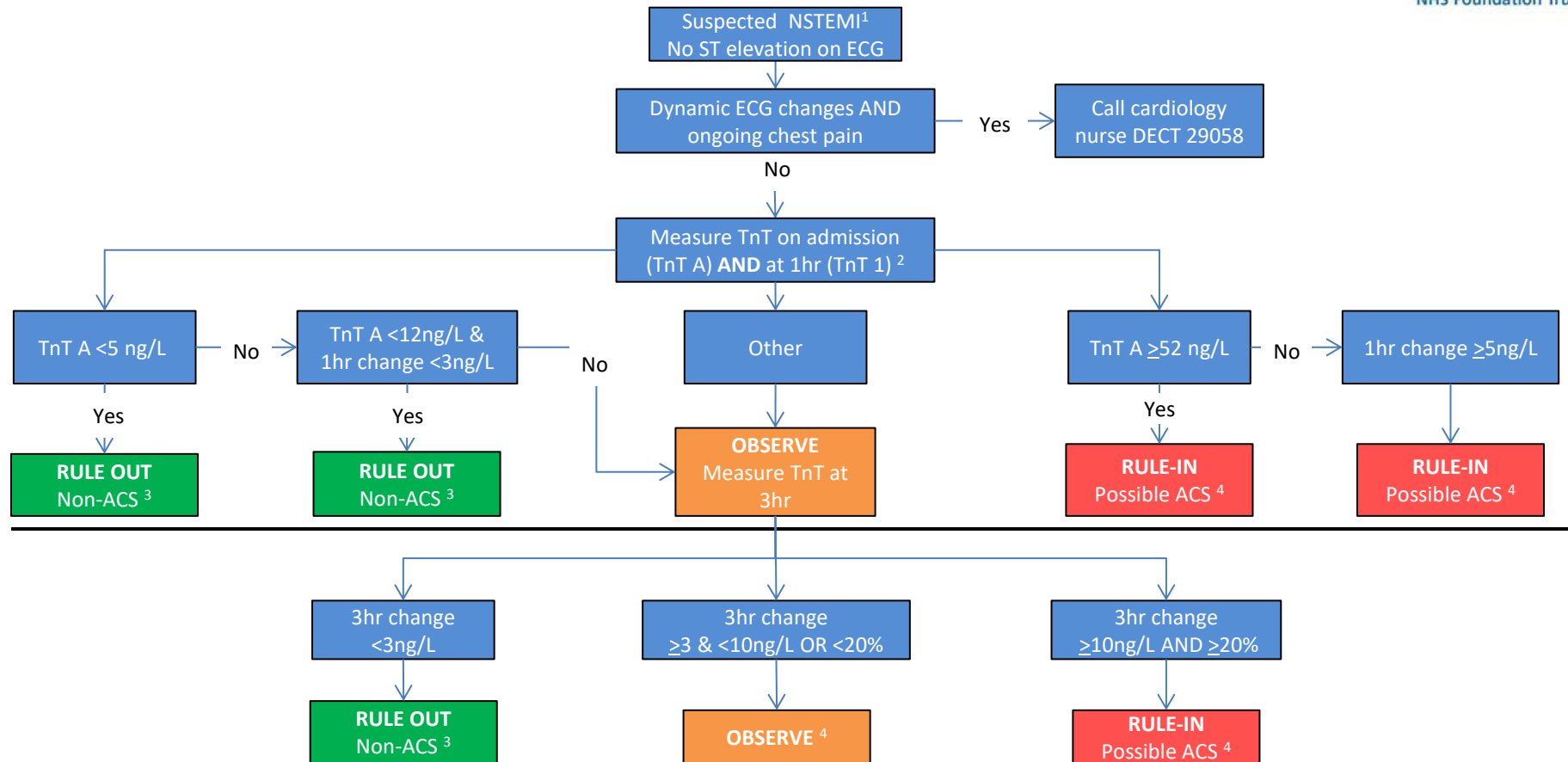


# 0-1 hour high sensitivity cardiac troponin T protocol



## 1. Features which may indicate an ACS:

- Pain in the chest and/or other areas (eg the arms, back or jaw) lasting longer than 15 minutes.
- Chest pain with nausea and vomiting, marked sweating or breathlessness (or a combination of these), or with haemodynamic instability.
- New onset chest pain, or abrupt deterioration in stable angina, with recurrent pain occurring frequently with little or no exertion and often lasting longer than 15 minutes

### Anginal pain is:

- Constricting discomfort in the front of the chest, neck, shoulders, jaw or arms
- Precipitated by physical exertion
- Relieved by rest or GTN in about 5 minutes

### Factors making stable angina more likely:

- Increasing age
- Male gender
- Cardiovascular risk factors
- History of established CAD (e.g. previous MI, PCI).

### Stable angina is unlikely if the pain is:

- Continuous or very prolonged and/or
- Unrelated to activity and/or
- Brought on by breathing in and/or
- Associated with dizziness, palpitations, tingling or difficulty swallowing

2. This is a paired test. **DO NOT WAIT** for the results of TnTA before requesting TnT 1

3. If there is still clinical doubt, **reassess patient**:

- Repeat history
- Repeat ECG

Unstable angina is possible in patients with hs-cTnT below 99<sup>th</sup> URL These patients are low risk and may still be discharged with plans for review by GP

4. Take into account

- Pre-test probability of NSTEMI
- Possibility of **chronically elevated cTnT** in some patients
- **Other reasons for elevated cTnT** eg PE, sepsis, arrhythmias