

Name \_\_\_\_\_

MRN \_\_\_\_\_

DOB (or place label here) \_\_\_\_\_

**Emergency Department  
Acute Chest Pain Protocol**

Date \_\_\_\_\_

Time \_\_\_\_\_

ED Physician Name: \_\_\_\_\_

Telephone Number \_\_\_\_\_

ED MD Pager# \_\_\_\_\_

Referring/Follow-up Physician Name: \_\_\_\_\_

Office Number: \_\_\_\_\_

Pager#: \_\_\_\_\_

**Cardiac CTA:**

Coronary and Aortic CTA for ruling CAD and/or Aortic Dissection  
(estimated radiation dose: less than 5 millisivert)

Triple Rule out for ruling out CAD, acute PE, and Aortic Dissection  
(estimated radiation dose: 10-13 millisivert)

**Diagnosis/explanation for patient's symptoms:**

	very unlikely	unlikely	neutral	likely	very likely
<input type="checkbox"/> 1. Coronary artery disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2. Acute PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3. Acute Aortic Dissection (type A or B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4. Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Inclusion Criteria**

- Possible acute coronary syndrome with or without on-going chest pain (must have no dynamic ST segment deviation on initial ECG in the ED and negative serum cardiac biomarkers x 1)
- Test may be appropriate for patient with previous interpretable or equivocal stress test results (exercise, perfusion, or stress echo) unless patient is scheduled to have coronary angiography in the near future.
- Possible acute aortic dissection
- Possible acute Pulmonary Embolism

**Exclusion Criteria**

- History of documented coronary artery disease, e.g. previous MI, coronary stenting or coronary artery bypass surgery, unless ordered in agreement with patient's cardiologist.
- Heart rate remains greater than 70 bpm 1 hour after oral administration of 100 mg metoprolol or IV calcium channel blocker for those who can not take beta blocker.
- Known history of contrast reaction
- Renal insufficiency (eGFR <50).
- Inability to cooperate with scan acquisition and/or breath-hold instructions
- Morbid obesity (BMI >45)
- Clinical instability
- Contraindication to nitroglycerin (use of Viagra, Cialis, or Levitra within the last 24 (Viagra) – 48 (Cialis and Levitra) hr.
- Unable to lift both arms above the head

Name \_\_\_\_\_

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DOB (or place label here)

Date \_\_\_\_\_ Time \_\_\_\_\_

**Physician Order:**

1. A 20 gauge angiograph and preferably on right antecubital vein.
2. Give 50 mg oral metoprolol if the heart rate is lower than 70 but greater than or equal to 50. No beta blocker if the heart rate is less than 50.
3. Give 100 mg of oral metoprolol if the heart rate is greater than or equal to 70.
4. Use intravenous calcium channel blocker, e.g. cardizem or verapamil, if patient is a labile asthmatic.

**Please complete the form below before ordering a cardiac CTA.**

	Yes	No
1. Family History of Coronary Artery Disease (MI age <55)	<input type="checkbox"/>	<input type="checkbox"/>
2. HTN (blood pressure > 140/90 or on BP Meds)	<input type="checkbox"/>	<input type="checkbox"/>
3. Dyslipidemia (LDL >100 mg/dL, HDL <40 mg/dL, or Triglyceride > 150 mg/dL)	<input type="checkbox"/>	<input type="checkbox"/>
if yes, HDL level _____ and total cholesterol level _____ and on meds	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
if yes: <input type="checkbox"/> on insulin or type II: <input type="checkbox"/> diet <input type="checkbox"/> oral agent <input type="checkbox"/> insulin		
5. Smoker: <input type="checkbox"/> current (quit < 1 month) <input type="checkbox"/> recent (quit >1 month but less than 1 year) <input type="checkbox"/> former (quit > 1 year) <input type="checkbox"/> never smoked		
6. Known CAD (stenosis ≥ 50% or history of MI, Stent, or CABG)	<input type="checkbox"/>	<input type="checkbox"/>
7. Aspirin use in past 7 days	<input type="checkbox"/>	<input type="checkbox"/>
8. Sedentary life style (sitting or remaining inactive most of the day and exercise less than 1.5 hours a week)	<input type="checkbox"/>	<input type="checkbox"/>
9. Obesity (BMI >30)	<input type="checkbox"/>	<input type="checkbox"/>
10. Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>
11. Cardiac arrest	<input type="checkbox"/>	<input type="checkbox"/>
if yes, within last 12 months	<input type="checkbox"/>	<input type="checkbox"/>
12. Atrial fibrillation/flutter	<input type="checkbox"/>	<input type="checkbox"/>
13. Peripheral vascular disease	<input type="checkbox"/>	<input type="checkbox"/>
if yes, <input type="checkbox"/> venous or <input type="checkbox"/> arterial		
14. History of significant valve disease	<input type="checkbox"/>	<input type="checkbox"/>
if yes, <input type="checkbox"/> mitral stenosis <input type="checkbox"/> mitral regurgitation <input type="checkbox"/> aortic regurgitation <input type="checkbox"/> aortic stenosis <input type="checkbox"/> other valvular disease <input type="checkbox"/> history of valve surgery		
15. Cerebral vascular accident	<input type="checkbox"/>	<input type="checkbox"/>
16. COPD or asthma	<input type="checkbox"/>	<input type="checkbox"/>
if yes, <input type="checkbox"/> need to use daily inhaler <input type="checkbox"/> and/or steroid		
17. ICD (pacemaker or defibrillator)	<input type="checkbox"/>	<input type="checkbox"/>
18. Chronic kidney disease (Cr < 1.5 or eGFR >50)	<input type="checkbox"/>	<input type="checkbox"/>
19. Any diagnostic study with intravenous contrast (within 48 hours)?	<input type="checkbox"/>	<input type="checkbox"/>