Appendix 1. HEART Pathway Assessment Form

HEART Score:	<table><tr><td>**Patient ID** _____ ☐ Initial Assessment ☐ Second Assessment</td></tr></table>

History:

High-Risk Features:
- Middle- or left-sided
- Heavy chest pain
- Diaphoresis
- Radiation
- N/V
- Exertional
- Relief of symptoms by sublingual nitrates

Low-Risk Features:
- Well localized
- Sharp pain
- Non-exertional
- No diaphoresis
- No N/V

☐ Highly Suspicious   **2 points**   **Mostly high-risk features**

☐ Moderately Suspicious   **1 point**   **Mixture of high-risk and low-risk features**

☐ Slightly Suspicious   **0 points**   **Mostly low-risk features**

ECG:

☐ New ischemic changes   **2 points**
- Ischemic ST-segment depression
- New ischemic T-wave inversions

☐ Non-specific changes   **1 point**
- Repolarization abnormalities
- Non-specific T wave changes
- Non-specific ST-segment depression or elevation
- Bundle branch blocks
- Pacemaker rhythms
- LVH
- Early repolarization
- Digoxin effect

☐ Normal   **0 points**
- **Completely normal**

Age:

☐ ≥ 65   **2 points**

☐ 45-64   **1 point**

☐ <45   **0 points**

Risk Factors:
- ☐ Obesity (BMI ≥30)
- ☐ Current or recent (≤90 days) smoker
- ☐ Currently treated diabetes mellitus
- ☐ Family history of CAD (1st degree relative <55 y.o.)
- ☐ Diagnosed and/or treated hypertension
- ☐ Hypercholesterolemia

☐ 3 or more risk factors listed above **OR**   **2 points**
  any of the following:
  ☐ Known CAD=2 points   ☐ Prior stroke=2 points
  ☐ Peripheral arterial disease = 2 points

☐ 1-2 risk factors   **1 point**

☐ No risk factors   **0 points**

Troponin (initial)

☐ >0.120 ng/ml   **2 points**

☐ 0.041-0.120 ng/ml   **1 point**

☐ 0-0.040 ng/ml   **0 points**

HEART Score (total points)   _____   Add points from each category above

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Serial 3 Hour Troponin Measurement:
- ☐ Normal, 0-0.040 ng/ml
- ☐ Positive, >0.040 ng/ml

HEART Pathway:
- ☐ High Risk = HEART score 4 or more, or any positive troponin.
- ☐ Low Risk = HEART score 0-3 and negative troponins at 0 and 3 hours

Attending Signature: _____ Date:_____

Attending Name: _____