What’s Next?

1 Your Chest Pain Diagnosis
Our testing so far has NOT shown any evidence of a heart attack. This is based on a blood test, an electrocardiogram (ECG), your exam, and your risk factors. It is recommended that a repeat blood test and ECG be performed during your emergency department visit to further rule out a heart attack.

However, even if everything today is normal, your chest pain may be an early warning sign of a possible FUTURE heart attack or heart complication.

2 Further Evaluation
Further evaluation and testing will help check if your heart is working correctly. Understanding your risk of having a heart attack or heart complication can help decide how to best proceed with your care in the Emergency Department.

3 Your Personal Risk Evaluation
If your repeat blood test is negative, your risk of having a heart attack or heart complication within the next 30 days can be determined by comparing you to people with similar factors who also came to the Emergency Department with chest pain.

Of every 100 people with factors like yours who came to the Emergency Department with chest pain...

1 had a heart attack or a heart complication within 30 days of their Emergency Department visit,
99 did not.

4 Would You Like to Have Further Testing Now or Would You Like to Make an Appointment?
- I would like a repeat blood test and if negative, be discharged for follow-up with a primary care physician or cardiologist.
- I would like to be placed in observation for further testing. I understand this will increase my length of stay in the emergency department and/or hospital.
- I will decline a repeat blood test and will follow up with a primary care doctor or cardiologist. I understand that my risk for a heart attack or heart complication increases to about 2 out of every 100 patients by doing so.

I was explained and understand my Personal Risk Evaluation as well as the importance of follow up. If my symptoms worsen or I am unable to get follow up within 1 week, I will return to the ED.

Factors used to determine your risk:
- History
- ECG
- Age
- Risk Factors for heart disease
- Troponin

______________________________________________
Patient/Caregiver Signature
Date
Time

______________________________________________
Provider Signature
Date
Time