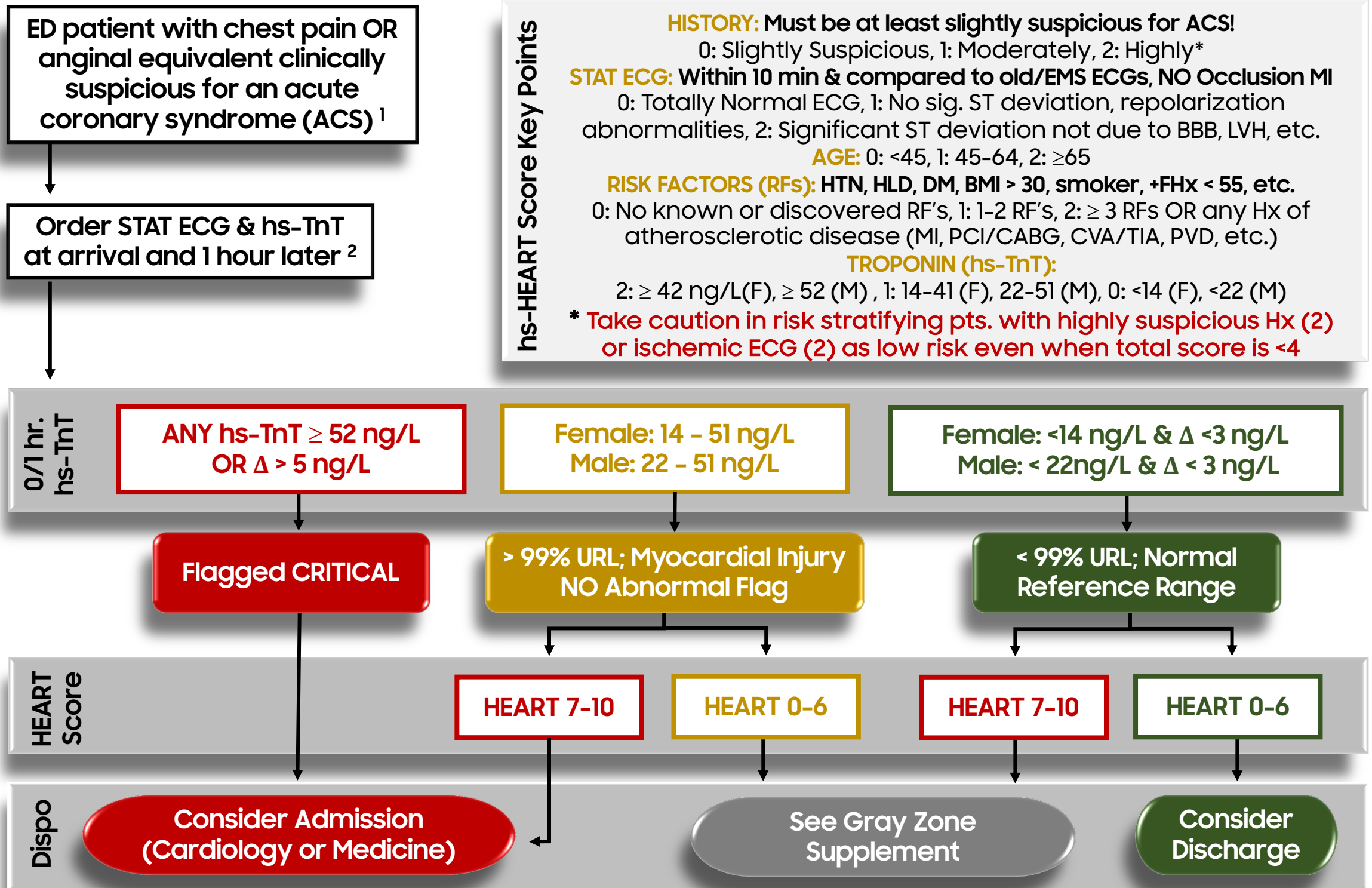


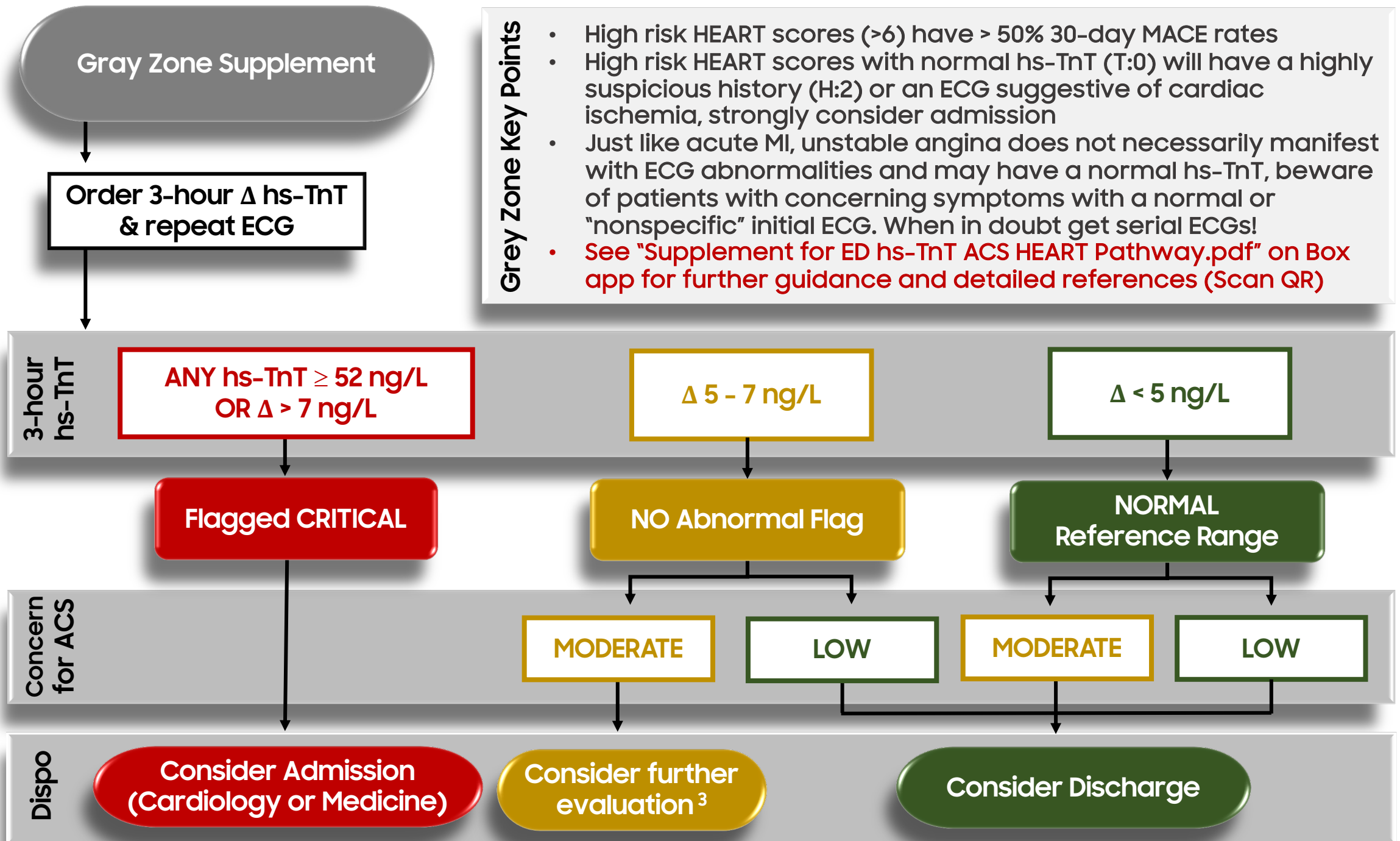
# BUMC ED hs-TnT ACS HEART Pathway



<sup>1</sup> Applies to patients with an initial concern for ACS, except:  
• STEMI/Occlusion MI (do not wait for hs-TnT for PCI)  
• Highly likely non-ACS alternative diagnosis suspected

<sup>2</sup> Low risk HEART score (< 4) with symptom onset > 3 hrs. AND initial hs-TnT <LOQ (<6 ng/L) may be discharged without Δ hs-TnT. Δ 1 hour repeat ECG & hs-TnT recommended for all other ACS pathway patients.

# BUMC ED hs-TnT ACS HEART Pathway



<sup>3</sup> Individualized care based on available resources, may need admission if further evaluation not possible during same visit.

**Disclaimer:** Ultimately, a thorough history, physical, and expertise in ECG interpretation will guide management of ACS. Clinical decision rules and pathways should not be used in isolation and clinical judgment may be used to override them at the discretion of the provider.

Contact: Ali Farzad, MD (afarzad@ies.healthcare)