

Better Science, Better Testing, Better Care

Summary of NICE Guidelines

Title	Chest pain of recent onset
NICE Reference	CG95
Date of Review:	March 2013
Date of Publication	March 2010
Summary of Guidance (Max 250 words)	Presentation of acute chest pain suspected to be caused by acute coronary syndrome (ACS)
	ACS includes unstable angina (UA); non ST-segment-elevation myocardial infarction (NSTEMI) and ST- segment- elevation myocardial infarction (STEMI)
	 When to admit Refer to hospital as emergency if current chest pain or chest pain <12 hours ago and 12 lead resting ECG (ECG) is abnormal/not available. Refer to hospital for urgent same day assessment if chest pain <12 hours ago but now pain free with normal ECG or last pain 12-72 hours ago. If complications refer as emergency/ urgent same day assessment. If last episode of chest pain >72 hours ago and no complications then clinical assessment; ECG and troponin. Take into account time post suspected ACS when interpreting troponin.
	 Use of biochemical markers for diagnosis of ACS Measure troponin on admission and then 10-12 hours after onset of symptoms and take into account the clinical presentation; time from onset of symptoms and ECG findings when interpreting. Don't use natriuretic peptides or hsCRP to diagnose ACS or markers of myocardial ischaemia (e.g. ischaemia modified albumin) when assessing people with acute chest pain. Diagnosis of Acute Myocardial Infarction (AMI) Use universal definition of AMI i.e. a rise/fall of cardiac biomarkers with at least one value >99th centile of the upper reference limit plus myocardial ischaemia. If troponin raised reassess to exclude other causes If troponin raised follow NICE CG94 (UA/NSTEMI) and local protocols (STEMI) until firm diagnosis made. If troponin and ECG normal reassess-? pain cardiac.
Impact on Lab (See below)	Moderate
Lab professionals to be made aware	 ✓ Chemical Pathologist ✓ Clinical Scientist

Please detail the	Healthcare scientists or chemical pathologists should be aware of
impact of this	the role of troponin in diagnosing MI and the need for repeat
guideline (Max 150	troponin testing.
words)	Guideline also discusses presentation of stable chest pain but there is little of relevance to biochemistry

Impact on Lab

- **None**: This NICE guideline has no impact on the provision of laboratory services
- **Moderate**: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

Written by: Dr. Sunita Sardiwal Reviewed by: Dr. Clare Ford