

Appendix A: HEART score [25-27]

Table 1
The HEART score.³⁻⁶

Variable	Score of 0	Score of 1	Score of 2
History	nonspecific history for ACS, a history that is not consistent with chest pain concerning for ACS	mixed historic elements, a history that contains traditional & non-traditional elements of typical ACS presentation	specific history for ACS, a history with traditional features of ACS
Electrocardiogram	entirely normal ECG	abnormal ECG, with repolarization abnormalities ^a yet lacking significant ST depression	abnormal ECG, with significant ST deviation (depression ± elevation), either new or not known to be old (i.e., no prior ECG available for comparison)
Age (years)	age less than 45 years	age between 45 & 64 years	age 65 years or older
Risk Factors ^b	no risk factors	1 to 2 risk factors	3 or more risk factors OR documented cardiac or systemic atherosclerotic vascular disease ^c
Troponin ^d	troponin < discriminative level level ± AccuTroponin I < 0.04 ng/ml	troponin elevated 1–3 times discriminative level ± AccuTroponin I 0.04–0.12 ng/ml	troponin elevated > 3 times discriminative level ± AccuTroponin I > 0.12 ng/ml

Total HEART Score: risk category & recommended management strategy.

0-3: low risk, potential candidate for early discharge.

4-6: moderate risk, potential candidate for observation & further evaluation.

7-10: high risk, candidate for urgent or emergent intervention.

^a BBB, LVH, digoxin effect, implanted right-ventricular pacemaker, past MI, +/- unchanged repolarization abnormalities.

^b DM, tobacco smoker, HTN, hypercholesterolemia, obesity, +/- family history of CAD.

^c peripheral arterial disease, MI, past coronary revascularization procedure, +/- stroke.

^d It is recommended to use the local hospital standards for troponin abnormality determination.

Appendix B: Inclusion/ Exclusion criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> - Patient with a HEART Score ≤5 (Appendix 1) -Chest pain duration ≥ 6 hours from onset to the time of arrival to the emergency unit. -Stable patients who consent to being interviewed -Patient 18 years and older 	<ul style="list-style-type: none"> -Patients with chest pain duration < 6 hours from onset to the time of arrival to emergency unit -Patients who present with COVID-19 symptoms per NICD case definition. -Clinically unstable patients <ul style="list-style-type: none"> *BP <90/60 *Signs of shock *Altered level of consciousness *Chest pain not responding to nitrates/morphine -Patient who qualify and are immediately taken for PCI - Patients who have received multiple doses of morphine

EMERGENCY CENTRE COVID-19 PROCEDURES



FOR ENQUIRIES, CALL US:
(012) 354 1000



1

If you are experiencing chest pain or stroke like symptoms - Do not wait. Go to your nearest emergency centre.

2

Uncertain about your symptoms? Contact us.

3

Patients will be sorted into COVID and non-COVID areas.

4

Wash your hands. Wear a mask. Maintain social distancing.

STEVE BIKO
ACADEMIC
HOSPITAL



GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

References

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[26] Dai S., et al. The HEART score is useful to predict cardiovascular risk and reduces unnecessary cardiac imaging in low risk patients with acute chest pain. Medicine 2018;97:22.

[27] C. Burne C. Toarta B. Backus T. Holt The HEART score in predicting major adverse cardiac events in patients presenting to the emergency department with possible acute coronary syndrome: protocol for a systematic review and meta-analysis Byrne et al. systematic reviews 7 2018