

## **DECISION SUPPORT TOOL FOR STABLE CHEST PAIN**

Decision support tool was designed by consensus of expert opinions. Decision support tool cannot account for all patient factors needed for test selection, and cannot replace clinical acumen. Additional factors, such as test availability, wait times, cost, local expertise, patient preferences, etc. should also be considered when selecting a test.

### **How to interpret the results:**



GREEN – Likely appropriate test(s)



YELLOW – May be appropriate test(s)



ORANGE – May be appropriate, but consider consulting with an imaging expert



RED – Rarely appropriate test(s) (Risks may outweigh benefits)

**This decision support tool has potential limitations and is to be used to supplement your clinical acumen.**

If you would like to report an error or leave a comment, please email [testselection.bc@gmail.com](mailto:testselection.bc@gmail.com)

# Decision Support Tool for Stable Chest Pain

Patient Name: \_\_\_\_\_

Last Name, First Name

Identifier:

Date of assessment:   /   /

mm

dd

yyyy

Date of Birth:   /   /

mm

dd

yyyy

Age:

Sex:  Male  Female  Transgender/Non-binary

Height:    cm or    "

Is the patient of child bearing potential?  Yes  No

Is the patient pregnant?  Yes  No

Is there a possibility that patient is pregnant?  Yes  No

Weight:    kg or    lbs

BMI: (calculated)   .  kg/m<sup>2</sup>  BMI <35  BMI ≥35

**SYMPTOMS**  No Symptoms

Chest pain?  Yes  No

Brought on by exertion or emotional stress?  Yes  No

Relieved by rest or NTG spray?  Yes  No

Dyspnea suspicious of CAD?  Yes  No

**CARDIOVASCULAR HISTORY**  No History

History of: MI/Documented CAD?  Yes  No

    PCI/stent?  Yes  No

    CABG/bypass surgery?  Yes  No

    Peripheral vascular disease (PVD)?  Yes  No

    CVA/TIA?  Yes  No

**EXERCISE CANDIDACY**

Normal baseline ECG?  Yes  No  Uncertain

Can patient run/exercise on a treadmill?  Yes  No  Uncertain

Can patient achieve a HR >    ?  Yes  No  Uncertain

**COMORBIDITIES**

History of: Hypertension?  Yes  No  Unknown

    Diabetes?  Yes  No  Unknown

    Severe aortic stenosis?  Yes  No  Unknown

    Severe pulmonary hypertension?  Yes  No  Unknown

    Regional wall motion abnormalities?  Yes  No  Unknown

    LBBB/pacemaker?  Yes  No  Unknown

    Severe asthma/reactive airway disease?  Yes  No  Unknown

    Atrial fibrillation?  Yes  No  Unknown

    Renal dysfunction? **GFR**  <30  31-45  >45/No known renal disease

    Severe Aortic aneurysm?  Yes  No  Unknown

    Glaucoma?  Yes  No  Unknown

BP:    /    mm Hg

**ALLERGIES/CONTRAINDICATIONS**

X-ray dye?  Yes  No  Unknown

Beta-blocker?  Yes  No  Unknown

Dipyridamole/Adenosine/Regadenoson?  Yes  No  Unknown

**PRIOR INCONCLUSIVE/EQUIVOCAL TESTING (<6 MONTHS)?**

Ex. SPECT  Vaso. SPECT  Dob. SPECT  Vaso. PET  Dob. PET  EST  Ex. Echo  Dob. Echo  MRI  CTCA

**MOST APPROPRIATE TEST(S)**

	Treadmill	Stress Echo	SPECT	PET	MRI	CTCA
Exercise	Exercise Treadmill	Exercise Echo	Exercise SPECT			
Vasodilator			Vasodilator SPECT	Vasodilator PET	Vasodilator MRI	CTCA
Dobutamine		Dobutamine Echo	Dobutamine SPECT	Dobutamine PET		