

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

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/m²

☐ 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

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

☐ EST

☐ Dob. PET

☐ Ex. Echo

☐ MRI

☐ Dob. Echo

☐ 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		