

*P<0.05 vs. ST changes

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Fast Track Evaluation of Patients with Acute chest Pain – Results of a Large Scale Israeli Chest Pain Unit.

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Background: Numerous patients present to the emergency department (ED) with chest pain. While in most patients chest pain represents benign complaints, in some underlie life threatening illness.

Objective: To show the utilization of a large scale cardiologist based chest pain unit (CPU) and the use of different non invasive imaging modalities in the day to day routine evaluation of patients presenting to the ED with acute chest pain.

Methods: We evaluated the records of 1055 consecutive patients which presented to the ED with complaints of chest pain and were admitted for evaluation in the CPU. Patients were evaluated according to the attending cardiologist's decision by either myocardial perfusion scintigraphy (MPS), Multidetector computed tomography (MDCT), or stress echocardiography after an observation period.

Results: 108 patients did not go non-invasive evaluation and were either admitted (58 patients) or discharged (50 patients) after an observation period. Four hundred and forty five patients underwent MDCT, 444 MPS, and 58 underwent stress echocardiography. A total of 907 patients (86%) were discharged from the CPU. At average period of 236 ± 223 days 25 patients (3.1%) of the patients have been re-admitted due to a suspected cardiac origin of chest pain and only 8 (0.9%) suffered a major adverse cardiovascular event.

Conclusions: Utilization of a cardiologist based CPU enabled patients to receive a quick, thorough, and complete evaluation for their primary complaint, thus saving precious hospitalization costs and occupancy on one hand and avoiding misdiagnosis on discharged patients on the other.