



3



5


6

ED PATIENTS DISCHARGED W/SINGLE TROP

## 50 \%

7

COST REDUCTION.

## 20\%



9

IMPORTANT CONSIDERATIONS

> LOW RISK PTS

TROPONIN ASSAY


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CHEST PAIN ADPS

HEART PATHWAY
EDACS-ADP

M-ADAPT
ETC.


## CHEST PAIN ADPS

HEART PATHWAY

99-100\% SENS
<2\% 30D MACE


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## HS TROPONINS

DETECTABLE IN 50\% HEALTHY POPULATION

HIGH ANALYTIC PRECISION - COV <10\%


> QUICKER
> RULE OUT

## GUIDELINES



## AMERICA (AHA/ACC) SAYS:

HS TROPONIN = BEST

## > 3 HRS

NEGATIVE HS TROP = DISCHARGE
$<3$ HRS
$\triangle H S$ TROP 1-3 HRS
$\triangle C O N V$ TROP 3-6 HRS

EUROPE (ESC) SAYS:


HS TROPONIN = BEST

0H/1H OR 0H/2H HS TROP IRRESPECTIVE OF SYMPTOM ONSET

## 0/1HR RCT TRIAL

## NOT INFERIOR TO STANDARD CARE

0/1HR
0/3HR
$1.1 \%$
(18/1646)
$1.0 \%$
(16/1642)

$$
P<0.001
$$

## 0/1HR RCT TRIALED LOS

## 0/1HR

$0 / 3 \mathrm{HR}$


### 5.6HR

$$
P<0.001
$$

# 0/1HR RCT TRIAL D/C HOME 

0/1HR


0/3HR
$32.3 \%$
$\mathrm{P}<0.001$

0/1HR RCT TRIAL INVASIVE TESTING

0/1HR


0/3HR




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## SINGLE TROPONIN

> 4/560 (0.7\%) NEGATIVE
> INITIAL TROP HAD AMI

SINGLE TROP SENS
99.1\%
(95\% CI 96.7-99.9)

SINGLE TROP NPV
99.6\%
(95\% CI 98.5-100)

REMEMBER AHA/ACC:
> 3 HRS

> SINGLE NEG HS TROP
> $=$ DISCHARGE

EUROPE'S TAKE:

## 0/1HR HS TROPS FOR ALL

## FACILITATES PROCESS \& PATIENT SAFETY

MY TAKE:



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ARTICA TRIAL - PREHOSPITAL POC

## RISK OF MACE

INTERVENTION


CONTROL
$1 \%$


## FAMOUS TRIAL - PREHOSPITALPOC

## RISK OF MACE HEART 0-3

## COHORT

$0 \%$



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## SUMMARY

## ADPS ARE SAFE

## 0/1HR PROTOCOLS ARE SAFE

SINGLE TROPS MAY BE SAFE


