1.

Your Chest Pain Diagnosis

Our testing so far has NOT shown any evidence of a heart attack. This is based on a blood test, an electrocardiogram (ECG), your exam, and your risk factors.

It is recommended that a repeat blood test be performed during your stay to further rule-out a heart attack.

Even if everything today is normal, your chest pain may be an early warning sign of a possible future heart attack or heart complication.

2.

What can you do?

Further evaluation may help determine if your heart is functioning properly. This may include admission to the hospital for observation or potentially more testing. Understanding your risk of having a heart attack or heart complication can help decide how to best proceed with your care.

3. Your Personal Risk Evaluation

If your repeat blood test is negative, your risk of having a heart attack or heart complication within the next 30 days can be determined by comparing you to people with similar risk factors.

For every

100

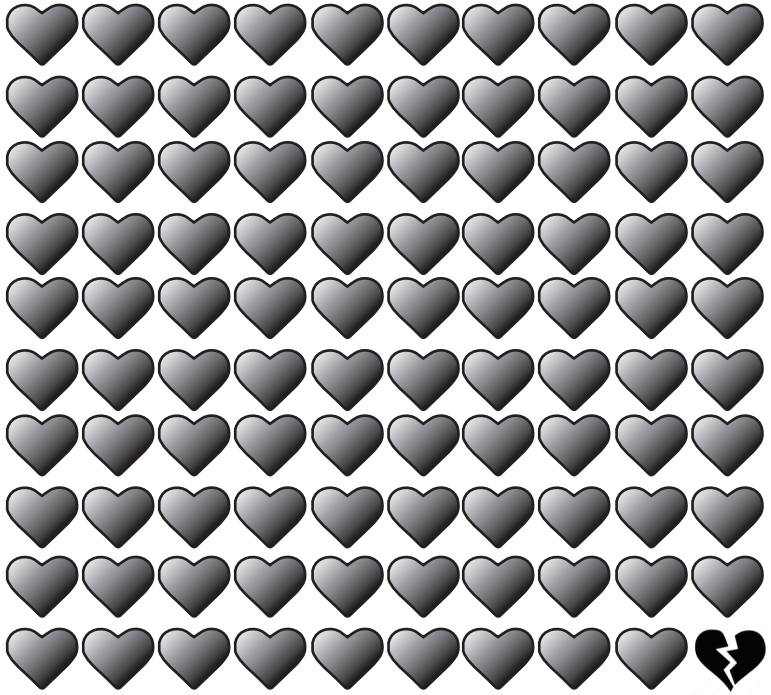
people with risk factors like yours who came to the Emergency Department with chest pain...

1

had a heart attack or heart complication within 30 days

99

did not.



4.

Next Steps

You play the most important role in your healthcare. Along with your treatment team, you can decide on one of three options:

- ☐ You can repeat a blood test, and if negative, be discharged with follow-up with your primary care physician or a cardiologist.
- ☐ You can be placed in observation and admitted to the hospital for monitoring and potentially further testing. Not every patient admitted to the hospital will undergo further testing.
- ☐ You can decline the repeat blood test and be discharged with follow-up with your primary care physician or a cardiologist. In this case, your risk for a heart attack or complication increases to about 2 out of every 100 patients.

Mahler SA, Riley RF, Hiestand BC, et al. The HEART Pathway randomized trial: identifying emergency department patients with acute chest pain for early discharge. Circ Cardiovasc Qual Outcomes 2015;8:195-203.