WHAT’S NEXT?  

1. YOUR CHEST PAIN DIAGNOSIS
   
   Your initial test results are negative for a heart attack. These included:
   - Blood tests to look for an enzyme called troponin that is released when the heart muscle is damaged. Additional troponin tests may be done to monitor you for heart attack during your emergency visit.
   - An electrocardiogram to check whether your heart is getting enough oxygen and blood.
   
   However, the chest pain you are experiencing today may be a warning sign of a future heart attack.

2. WHAT YOU CAN DO
   
   A stress test, which views blood flow to your heart at rest and under stress, may be needed. Examining your risk will help you and your clinician decide together whether or not you should have additional heart testing.

3. YOUR PERSONAL RISK EVALUATION
   
   Your risk of having a heart or pre-heart attack within the next 60 days can be determined by comparing you to people with similar factors* who also came to the Emergency Department with chest pain.
   
   Of every 100 people like you* who came to the Emergency Department with chest pain...
   
   Fewer than 1 had a heart or a pre-heart attack within 60 days of their Emergency Department visit.
   More than 99 did not.

   *Your risk of having a heart or pre-heart attack within the next 60 days can be determined by:
   - Age
   - Your symptoms
   - Risk factors for heart attack
   - Findings on electrocardiograms (electronic tracings of the heart)
   - Initial cardiac troponin result

4. According to your personalized risk evaluation, you are at low risk for a heart attack or pre-heart attack. Low risk patients are typically discharged home. Your clinician will discuss this with you.

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