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.

Stress test options include nuclear stress testing, ultrasound stress testing, or exercise ECG (electrocardiogram) stress testing. Nuclear stress testing involves exposure to radiation which has been shown to be related to increased cancer risk over a lifetime. Your doctor can help you explore which option may be best for you.

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...

2 had a heart or a pre-heart attack within 60 days of their Emergency Department visit. 98 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 Would you prefer to be admitted to the hospital or follow up in an outpatient clinic for further evaluation?

- I would like to be admitted to the hospital for further evaluation. I realize that this may increase the cost of my care and/or lengthen my stay.

- I would like to be seen by a heart doctor within 24-72 hours and would like assistance in scheduling this appointment.

- I would like to schedule an appointment on my own to consult with my primary care physician.

- I would like my Emergency Department doctor to make this decision for me.