Current Situation

We have done blood tests and an electrocardiogram. **They do not show that you are having a heart attack.** We may do another blood test to be sure.

There is a chance that you may have a heart or pre-heart attack in the next 60 days.

Of every 100 people like you* who came to the Emergency Department with chest pain...

Fewer than 9 had a heart or pre-heart attack within 60 days of their Emergency Department visit. 91 did not.

You also have a high troponin* level.

**This means that you may have a greater chance of having a heart attack or other health issues than shown above.**

We don’t know how much greater chance.
There are choices for what to do next

- **Further evaluation in the Emergency Department or Hospital**
  This may lengthen your stay and/or increase your costs.

- **See a heart doctor with 24-72 hours**
  We can schedule an appointment for you.

- **Make an appointment with your primary care clinician**

You and your clinician may talk about having further tests. These may include:

- Stress tests to see if your heart is getting enough oxygen when your heart is beating quickly
- Imaging to look at your heart and for any blockages in its blood vessels

**What would you prefer to do next?**
If you like, your doctor can make this decision for you.

 Based on your high troponin* level and chance of having future health issues we recommend that you talk with your primary care clinician to make a plan to stay healthy.

*Troponin is an enzyme that is released when the heart muscle is damaged. Many patients with chest pain who come to the emergency department with chest pain have a higher than normal baseline troponin level. This does not necessarily mean they are having a heart attack. For example, older patients often have an “above normal” baseline measurement because troponin levels in the blood can increase with age. In studies, people with an elevated baseline troponin level had more health problems than those with a low level.