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Chest Pain Level of Care

- Current guidelines indicate that most patients who need immediate evaluation of chest pain can be managed **initially in observation if all the following criteria are met:**
 - Chest pain relieved prior to admission orders
 - Vital signs stable
 - Electrocardiogram (EKG) showing no significant findings or unchanged from prior EKG
 - Unremarkable chest X-ray for acute disease
 - Normal cardiac markers, especially troponin level in non-ischemic range
- Documentation of only “atypical” or “nonspecific” chest pain; “angina” or “rule out MI” does not support inpatient admission.
- The following **confirmed or suspected findings** may **justify inpatient care**, assuming clinicians provide management consistent with inpatient medical necessity for hospital level of care.
 - STEMI
 - NSTEMI
 - “ACS” with left bundle branch block (new or undetermined age)
 - Significant EKG changes (new): ST depressions > 0.5 mm, T-wave inversions > 1 mm, LBBB, paced rhythm