

	Policy:	Lab- Cardiac Markers
	Number:	
Approved by: MAC November 2008	Manual:	
Signature:	Section:	Medical Directive Emergency
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Procedure:

Cardiac Markers will be done on the following patients (per current MAHC protocol):

Indications:

- Signs and symptoms of Acute Coronary Syndrome including chest pain, heaviness, pressure and dyspnea

Contraindications:

Guidelines:

- Beware atypical presentations.

References:

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2. Fibrinolytic Therapy Trialists' (FTT) Collaborative Group. Indications for fibrinolytic therapy and suspected acute myocardial infarction: collaborative overview of early mortality and major morbidity results from all randomised trials of more than 1000 patients. *Lancet* 1994;343:311–22.
3. Newby LK, Rutsch WR, Califf RM, et al. Time from symptom onset to treatment and outcomes after thrombolytic therapy. *J Am Coll Cardiol* 1996;27:1646 –55.
4. Zijlstra F, Patel A, Jones M, et al. Clinical characteristics and outcome of patients with early (≤2 h), intermediate (2– 4 h) and late (>4 h) presentation treated by primary coronary angioplasty or thrombolytic therapy for acute myocardial infarction. *Eur Heart J* 2002;23:550 –7.
5. Antoniucci D, Valenti R, Migliorini A, et al. Relation of time to treatment and mortality in patients with acute myocardial infarction undergoing primary coronary angioplasty. *Am J Cardiol* 2002;89: 1248 –52.
6. Pope JH, Aufderheide TP, et al. Missed diagnosis of acute cardiac ischemia in the emergency department. *New Engl J Med* 2000;32:1163-70.
7. Tatum JL, Jesse RL, Kontos MC, et al. Comprehensive strategy for the evaluation and triage of the chest pain patient. *Ann Emerg Med* 1997;29:116-25.
8. Jesse RL, Kontos MC. Evaluation of chest pain in the emergency department. *Curr Probl Cardiol* 1997;22:149-236.

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11. Kontos MC, McQueen RH, et al. *Can myocardial infarction be rapidly identified in emergency department patients who have left bundle branch block?* *Ann Emerg Med* 2001;37:431-8.
12. Goldman L, Weinberg M, Weisberg M, et al. *A computer derived protocol to aid in the diagnosis of ER patients with acute chest pain.* *N Engl J Med* 1982;307:588-96.