



## Top 10 Take-Home Messages

*Top 10 Take-Home Messages are written by the guideline writing committee.*

- 1 Chest Pain Means More Than Pain in the Chest.** Pain, pressure, tightness, or discomfort in the chest, shoulders, arms, neck, back, upper abdomen, or jaw, as well as shortness of breath and fatigue should all be considered anginal equivalents.
- 2 High-Sensitivity Troponins Preferred.** High-sensitivity cardiac troponins are the preferred standard for establishing a biomarker diagnosis of acute myocardial infarction, allowing for more accurate detection and exclusion of myocardial injury.
- 3 Early Care for Acute Symptoms.** Patients with acute chest pain or chest pain equivalent symptoms should seek medical care immediately by calling 9-1-1. Although most patients will not have a cardiac cause, the evaluation of all patients should focus on the early identification or exclusion of life-threatening causes.
- 4 Share the Decision-Making.** Clinically stable patients presenting with chest pain should be included in decision-making; information about risk of adverse events, radiation exposure, costs, and alternative options should be provided to facilitate the discussion.
- 5 Testing Not Needed Routinely for Low-Risk Patients.** For patients with acute or stable chest pain determined to be low risk, urgent diagnostic testing for suspected coronary artery disease is not needed.
- 6 Pathways.** Clinical pathways for chest pain in the emergency department and outpatient settings should be used routinely.
- 7 Accompanying Symptoms.** Chest pain is the dominant and most frequent symptom for both men and women ultimately diagnosed with acute coronary syndrome. Women may be more likely to present with accompanying symptoms such as nausea and shortness of breath.
- 8 Identify Patients Most Likely to Benefit From Further Testing.** Patients with acute or stable chest pain who are intermediate risk or intermediate to high pre-test risk of obstructive coronary artery disease, respectively, will benefit the most from cardiac imaging and testing.
- 9 Non-cardiac Is In. Atypical Is Out.** “Non-cardiac” should be used if heart disease is not suspected. “Atypical” is a misleading descriptor of chest pain, and its use is discouraged.
- 10 Structured Risk Assessment Should Be Used.** For patients presenting with acute or stable chest pain, risk for coronary artery disease and adverse events should be estimated using evidence-based diagnostic protocols.

Link to full Chest Pain Clinical Practice Guidelines (CPGs):  
<https://doi.org/10.1161/CIR.0000000000001029>

