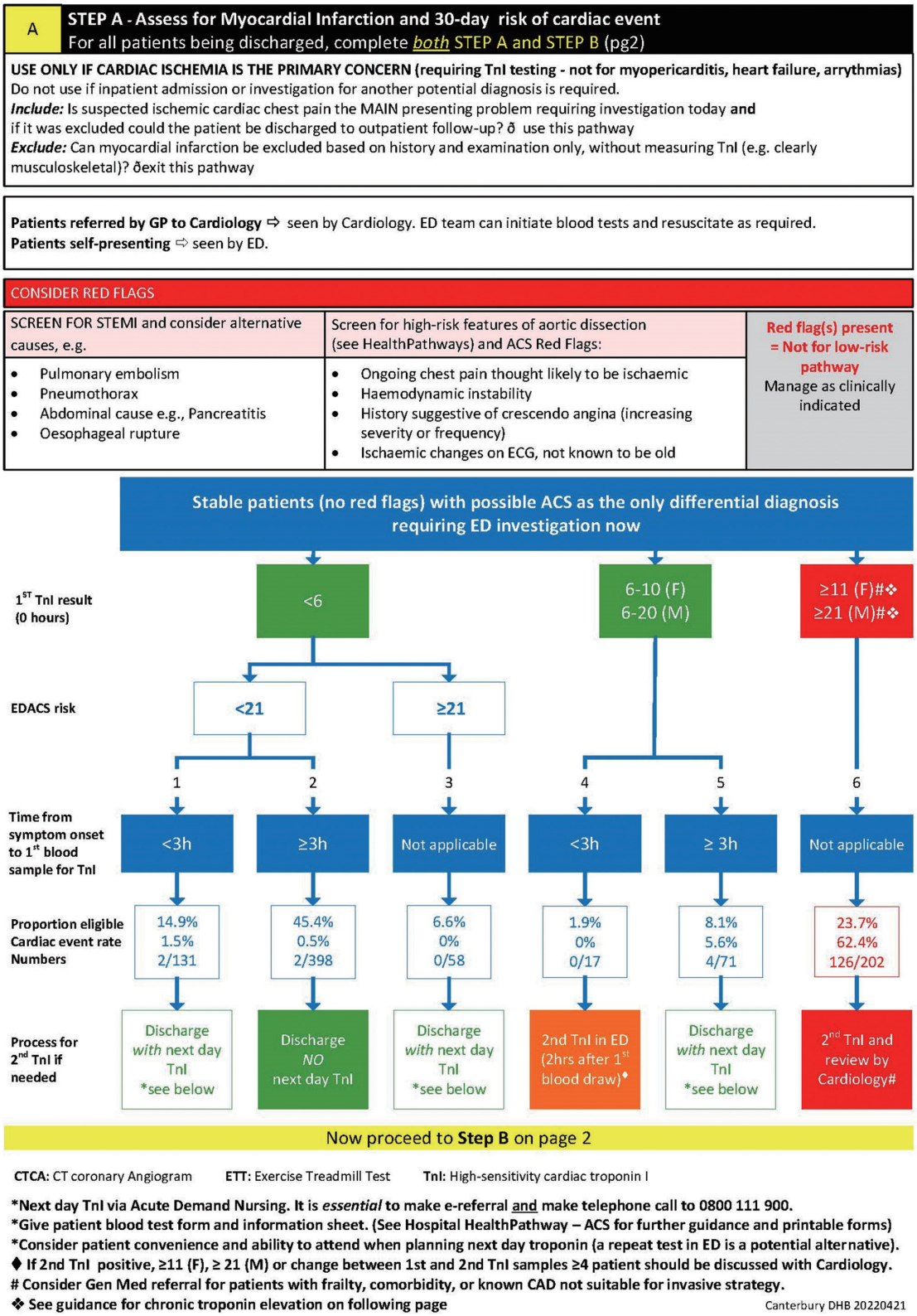

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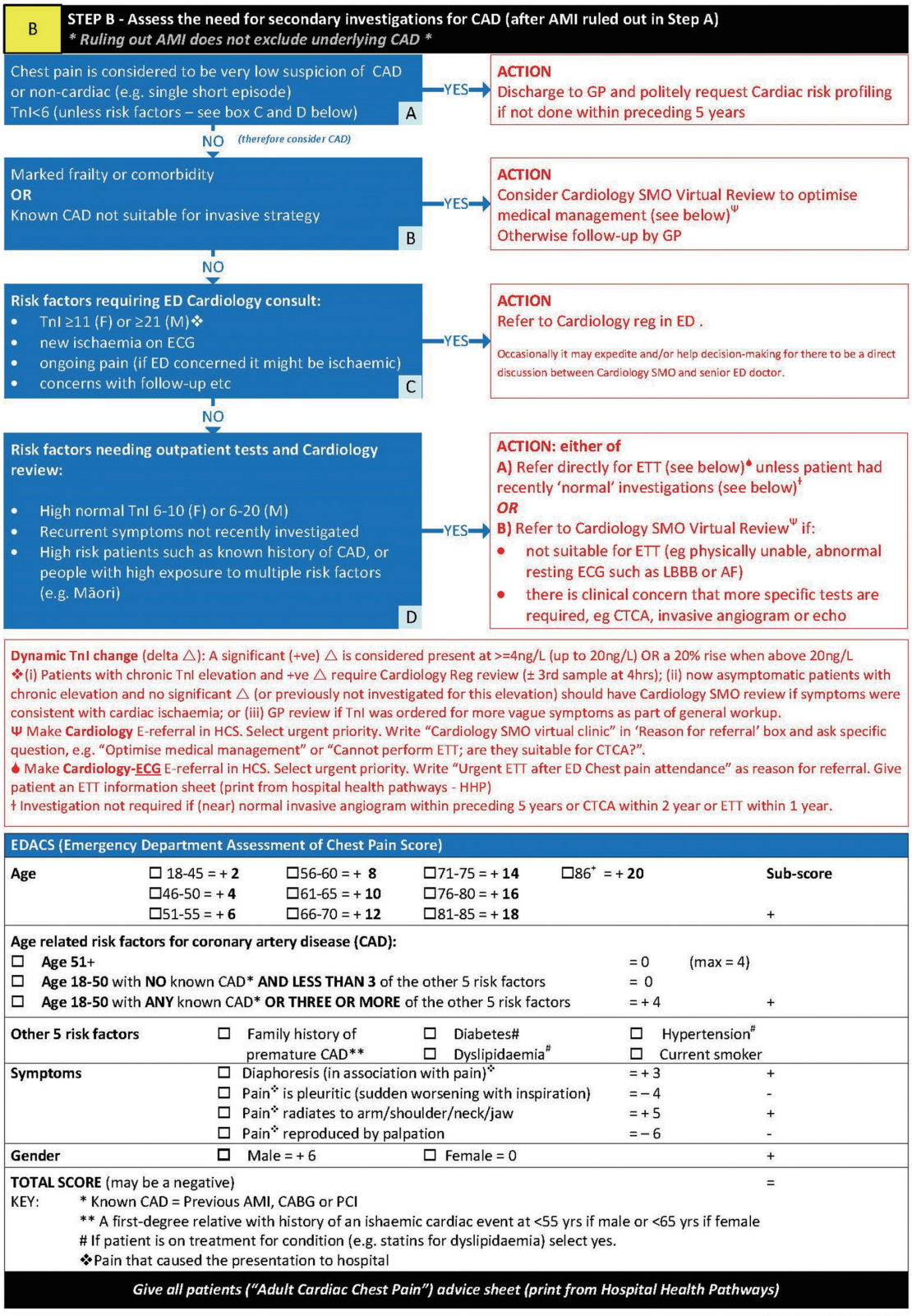


Figure S1 Application of Pathway utilising EDACS score (reproduced with permission of Dr. Martin Than, Christchurch Hospital).

https://dx.doi.org/10.21037/jlpm-23-20

ACS Rule-in Rule-out Pathway (0-1h) Southland ED

For risk stratification of patients with undifferentiated non-traumatic chest pain that may represent ACS, whereby patients who are low risk (<1% 30 day MACE rate) may be safe for discharge.

NB: The term "chest pain" can include other potentially ischaemic symptoms (eg chest heaviness, arm/jaw pain, SOB, etc), at the discretion of the clinician

Inclusion
- Episode of continuous symptoms >5 mins
- Age >20 years

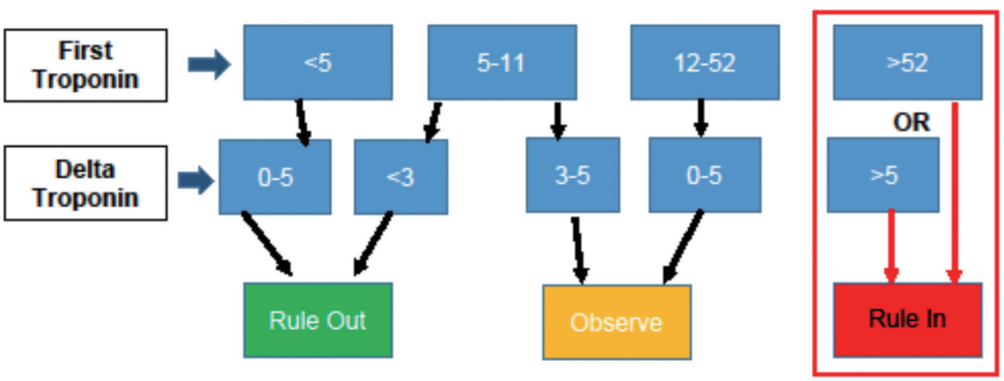
Exclusion
- STEMI
- Haemodynamic instability (arrhythmia, hypotension, APO)
- Suspected alternative diagnosis such as PE or dissection
- Acute ischaemic changes on ECG
- Crescendo angina, persistent or recurrent pain in ED
- Known cause of symptoms (eg pneumonia)

First TnT = blood draw on arrival is time zero. Second TnT is taken at 1 hour after first blood draw

Δ (delta) TnT = absolute difference between 0-1 hour results

Disposition is decided by a combination of the first Troponin and the Delta

NB: if first Tn is >52 OR the Δ is >5, patient is Rule IN



- **Rule Out** (0h <5 or 0h <12 + Δ<3)
  - (<1% prevalence of AMI, <1% 30 day MACE rate)
  - Confirm differential diagnoses considered
  - Chest Pain handout
  - Discharge home
  - GP review in 1-2 weeks to review CAD risk factors
- **Rule In** (0h >52 or Δ>5)
  - (60-70% prevalence of AMI)
  - Admit
  - Consider early ACS treatment
- **"Observe"** (Any other result)
  - (10-20% prevalence of AMI)
  - 3h troponin: if all three <15 = Rule Out. Otherwise discuss with ED Consultant

Figure S2 Application of ESC-based pathway (reproduced with permission of Dr. Chris Johnstone, Invercargill Hospital).

https://dx.doi.org/10.21037/jlpm-23-20

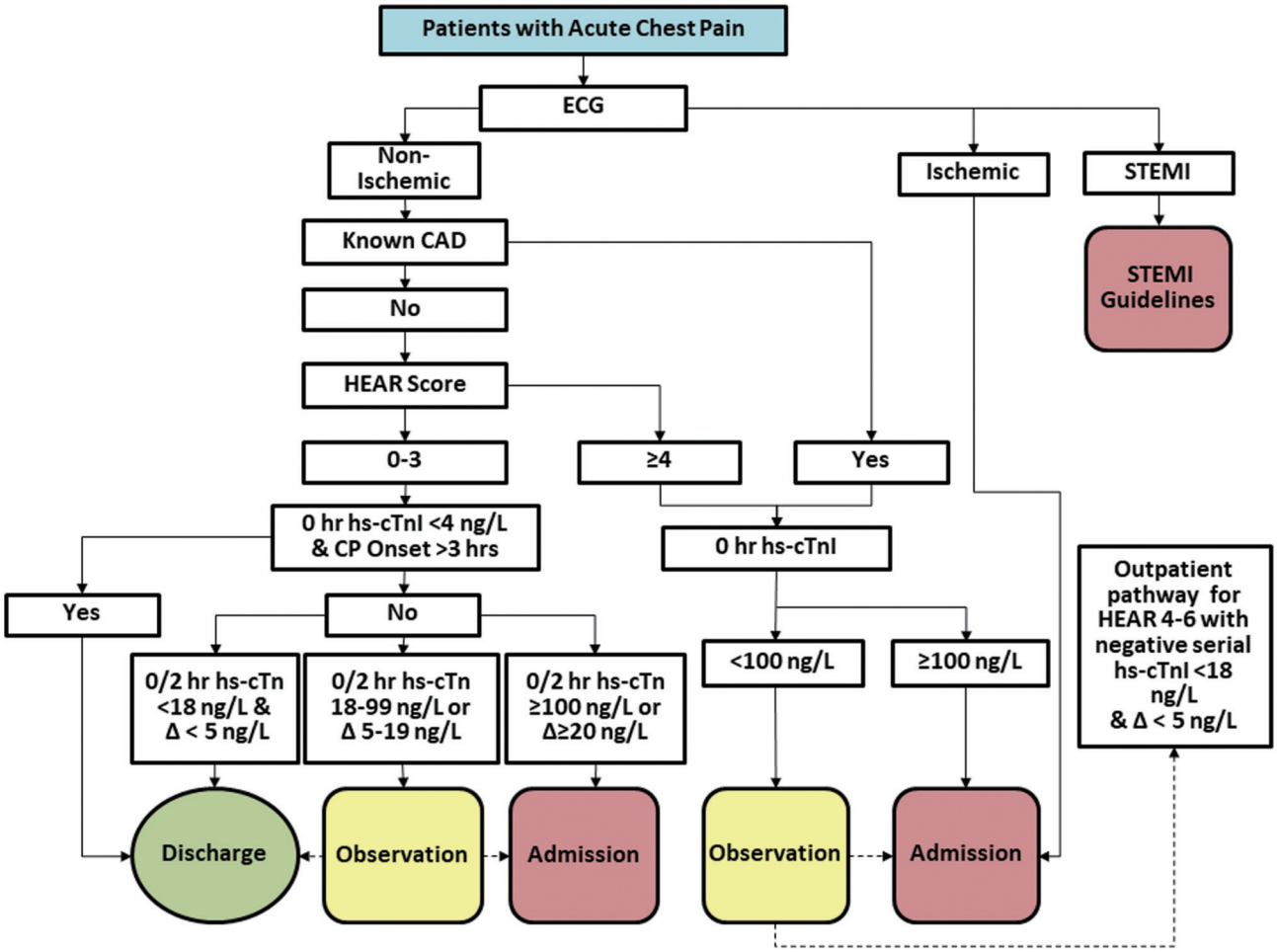


Figure S3 Application of HEART-based pathway (reproduced with permission of Dr. Simon Mahler, Wake Forest Baptist Health, Winston-Salem, USA).

https://dx.doi.org/10.21037/jlpm-23-20

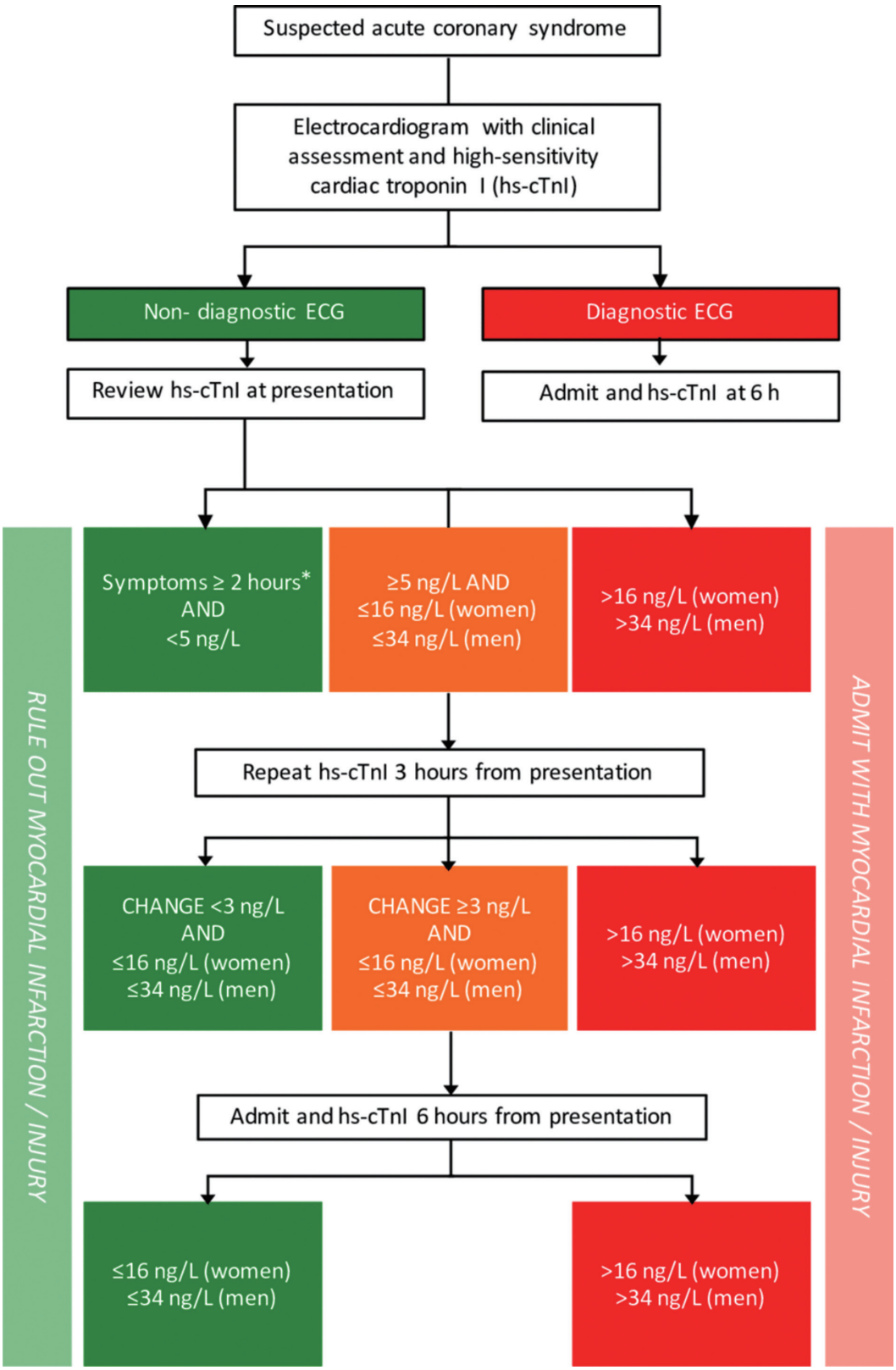


Figure S4 Application of High-STEACS-based pathway.

https://dx.doi.org/10.21037/jlpm-23-20