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Prehospital referral and cardiac diagnosis of patients with acute chest pain in (pre)hospital emergency care in the Netherlands, a descriptive study

Purpose: To provide insight in the pre-hospital referral route to the Cardiac Care Unit (CCU) and the cardiac diagnosis of patients with acute chest pain and high acuity in the emergency care chain. Triage assistants, ambulance and emergency nurses often refer patients to the CCU with an high acuity, without feedback on an actual diagnosis of the patient.

Methods: We used a retrospective observational design and collected data of emergency patients of out-of-hours General Practitioner Cooperatives (GPC, n=5), ambulance Emergency Medical Services (EMS, n=2), Emergency Departments (ED, n=5) and Cardiac Care Units (CCU, n=4) in the Eastern Emergency Healthcare Network region in the Netherlands. Data were collected during one month in April 2015 and April 2016. Patient characteristics, acuity level, healthcare organization, treatment time, complaints and diagnosis were collected. We used descriptive statistic analysis and Statistical Package of Social Sciences version 22.

Results: 2,381 Patients with chest pain and high acuity and seen by GPs, ambulance nurses and emergency nurses and physicians were enrolled. Entrance to the emergency care chain differed: n=697 (29%) patients were referred by the GPC, n=987 (42%) by the EMS (911 callers), n=6 (0%) patients directly visited the ED, and n= 691 (29%) patients directly admitted the CCU. In total n=361 patients (15.2%) had an Acute Coronary Syndrome (ACS), n=201 (8.4%) had a Heart Rhythm Disorder (HRD) and n=27 (1.1%) were diagnosed with Heart Failure (HF) at the CCU. One in five GPC patients (19.2%) and one in five EMS patients (21.3%) with acute chest pain and high acuity were diagnosed with ACS, HRD or HF at the CCU. One in three patients who came directly to the CCU (35.4%) was diagnosed with one of these three diagnoses.

Conclusions: A quarter of all the patients that nurses triaged with acute chest pain and high acuity in the pre-hospital emergency care chain was actually diagnosed with ACS, HRD or HF at the CCU.