

“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”

[2021 AHA/ACC/ASE/CHEST/SAEM/SCCT/SCMR guideline for the evaluation and diagnosis of Chest Pain](#)

**[CCH, HUP Cedar, MCP] INPATIENT High-Sensitivity Troponin I (HsTN)**

★VISIT [penncvsd.org/tn](https://penncvsd.org/tn) FOR MORE INFORMATION★

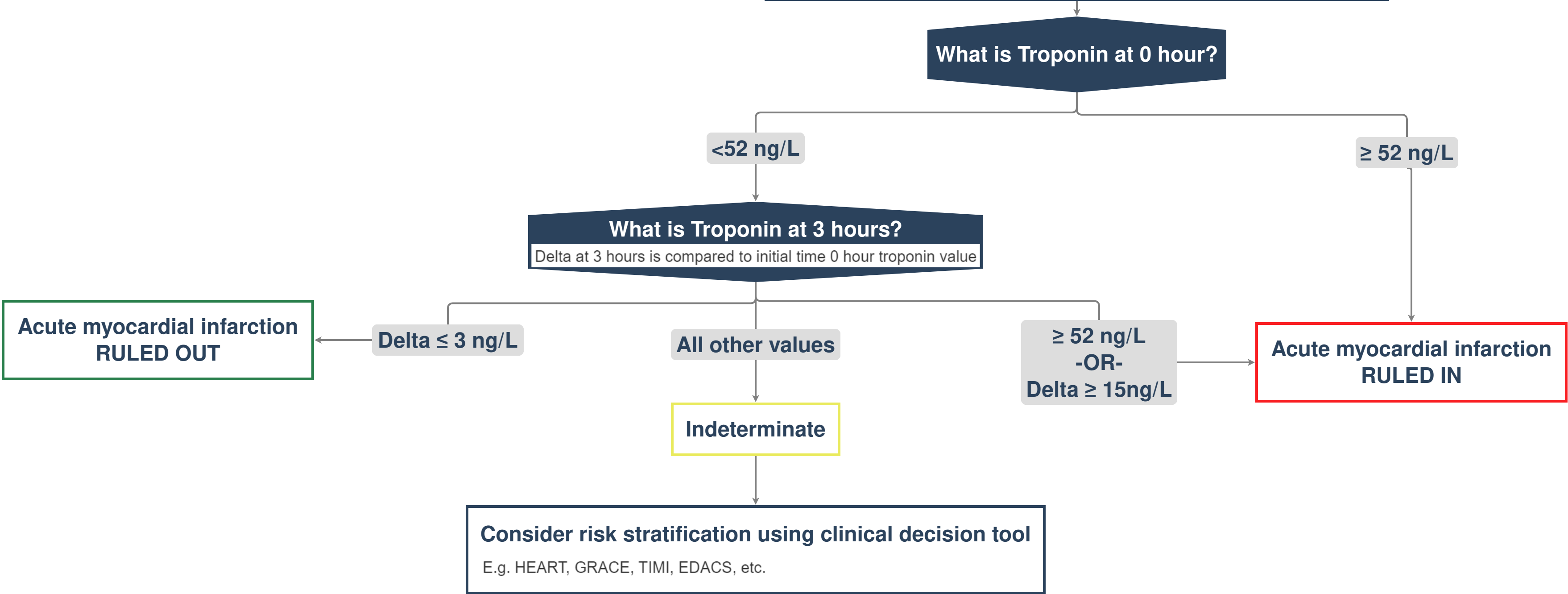
**Inclusion:** Inpatients who present with concern for Acute Coronary Syndrome

**Exclusion:**


- Inpatients who present with concern for Acute Coronary Syndrome with the following features:
  - STEMI
  - Dynamic ECG changes concerning for ACS (ST Depression or T wave inversion)
  - Non-ACS diagnosis made during ED evaluation that explains elevated troponin
- Outpatient / ambulatory setting - no role for obtaining HsTN for chest pain/ACS evaluation in the office setting

**Patients with renal dysfunction may have elevated hsTn at baseline. Consider the below in those cases.**

- Focus on delta and comparison with prior hsTn values, if available
- Delta values in this pathway can provide guidance, but should be interpreted in the context of:
  - Severity of renal disease
  - Clinical findings
  - ECG



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Contact Nikhil Mull, MD or Emilia Flores, PhD, RN for more information on our PennPathways program.

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This PennPathway was developed using a multidisciplinary approach and presents the best model of care based on the best available scientific evidence the time of publication. Recommendations are not intended to replace professional judgement.

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