Prehospital study to the use of HEART-score in chest pain patients

No registrations found.

Ethical review	Not applicable
Status	Pending
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON26498

Source
NTR

Brief title
PORT

Health condition

pijn op de borst klachten
ACS

Chest pain
ACS

Sponsors and support

Primary sponsor: N.W.P.L. van der Waarden, Student Nurse practitioner
Ambulancezorg Rotterdam-Rijnmond AZRR
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Source(s) of monetary or material Support: initiator

Intervention

Outcome measures

Primary outcome

Mace after 30 days, 3 months and 1 year

Mace is defined as acute myocardial infraction, CAG, PCI, CABG or death

Secondary outcome

feasibility of HEART-score use in prehospital phase

Study description

Background summary

It seems obvious that a significant part of all ambulances deployments which presents themselves as thoracic complaints may be of a cardiologic nature. Due to the limited prehospital diagnostic possibilities of these category patients (who present themselves with thoracic pain associated with acute coronary syndrome (ACS), it is not possible to confirm or exclude an ACS in this first phase. The result is that this patients can be transported to a hospital which is not able to provide the optimal care (non intervention versus intervention center).

The prehospital confirmation or exclusion of an ACS can positively contribute to decision-making and the quality of care. Based on risk stratification using the HEART score, the ambulancenurse can determine the risk profile of the patient and rule out or diagnose of ACS. The HEART score consists of five components, History, EKG, Age, Risk Factors and Troponin. Each part is scored and a total score is generated. The HEART score is a validated risk assessment instrument. Determining a troponin is an important part of the standard care for patients with ACS symptoms.

With the implementation of the prehospital HEART score, the Troponin is done in the ambulance or at the patients home. This is expected not only to improve patient safety, but can also have a positive impact on costs and workload.

For this study only feasibility en reliability of the use of HEARTscore is tested in de prehospital phase. one blood sample is taking for troponin, but is blinded on de point of care testing voor de nurses. The treatment is usual care conform LPA 8.1. The blood sample for troponin goes to the laboratorium from the hospital for usual troponin assessment.

Feasibility and reliability of prehospital triage in patients with thoracic complaints/pain

appropriate to a suspicious ACS in The Netherlands

Study objective

Feasibility and reliability of prehospital triage in patients with thoracic complaints/pain appropriate to a suspicious ACS

Study design

in prehospital phase HEART-score

Arrival hospital HEART score

Intervention

blood sample (Troponin) earlier in the proces

Contacts

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Eligibility criteria

Inclusion criteria

All patients over the age of 18 who, after assessment of the ambulance nurse, need to be

transported to the hospital with complaints appropriate to a suspicious ACS

- older than 18 years

- legally capable to give consent

-thoracic pain or complaints appropriate to a suspicious ACS

-Understand the Dutch language sufficiently

-signed informed consent

- transported to Maasstad or Ikazia hospital

Exclusion criteria

-legally incapable to give consent or comatose

- incapable to understand the dutch language

- STEMI on EKG

- Missing EKG

- Clear other cause of thoracic pain/complaints (pneumonia, aorta dissection, trauma, pneumothorax etc.)

- impossibility iv venflon

Study design

Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-10-2017
Enrollment:	600
Type:	Anticipated

Ethics review

Not applicable

Application type:	Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL6429
NTR-old	NTR6606
CCMO	NL62976.101.17

Study results