

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

Gepubliceerd: 08-08-2017 Laatst bijgewerkt: 18-08-2022

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

Ethische beoordeling Niet van toepassing

Status Werving nog niet gestart

Type aandoening -

Onderzoekstype Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON26498

Bron

Nationaal Trial Register

Verkorte titel

PORT

Aandoening

pijn op de borst klachten

ACS

Chest pain

ACS

Ondersteuning

Primaire sponsor: N.W.P.L. van der Waarden, Student Nurse practitioner

Ambulancezorg Rotterdam-Rijnmond AZRR

Breslau 2

2993 LT Barendrecht

E-mail: nvanderwaarden@azrr.nl

Overige ondersteuning: initiator

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Mace after 30 days, 3 months and 1 year

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

Toelichting onderzoek

Achtergrond van het onderzoek

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

Doe~~l~~ van het onderzoek

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

Onderzoeksopzet

in prehospital phase HEART-score

Arrival hospital HEART score

Onderzoeksproduct en/of interventie

blood sample (Troponin) earlier in the proces

Contactpersonen

Publiek

Ambulancezorg Rotterdam-Rijnmond AZRR

N.W.P.L. van der Waarden
Breslau 2

Barendrecht 2993 LT
The Netherlands

Wetenschappelijk

Ambulancezorg Rotterdam-Rijnmond AZRR

N.W.P.L. van der Waarden
Breslau 2

Barendrecht 2993 LT
The Netherlands

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

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

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- 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

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Parallel

Toewijzing:	N.v.t. / één studie arm
Blinding:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-10-2017
Aantal proefpersonen:	600
Type:	Verwachte startdatum

Ethische beoordeling

Niet van toepassing	
Soort:	Niet van toepassing

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

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

Resultaten