

ORIGINAL INVESTIGATIONS

Outcome of Applying the ESC 0/1-hour Algorithm in Patients With Suspected Myocardial Infarction



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very few patients in shock and/or respiratory failure were enrolled. Second, although 30-day MACE rates in the rule-out group of the ESC 0/1-h algorithm were very low, and no NSTEMI was missed at index presentation, it should always be used in conjunction with all other clinical information including detailed assessment of chest pain characteristics, physical examination, and the ECG. Additional measurements of hs-cTnT at, for example, 3 h are advised whenever the patient remains symptomatic or clinical judgment still argues in favor of NSTEMI. These will help to detect the rare, but existing phenomenon of delayed release of hs-cTnT into the circulation, particularly in early presenters (2). It will also help to detect rare, but possible, errors in the handling of the clinical blood samples. Third, not all patients triaged toward rule-out of NSTEMI are appropriate candidates for early discharge from the ED.

STUDY LIMITATIONS. First, we can only comment on the performance of the ESC 0/1-h algorithm using hs-cTnT. It is likely that also the real-world performance of the ESC 0/1-h algorithm using hs-cTnI is similar to that estimated in the large diagnostic studies.

accelerate and improve patient management in the often overcrowded EDs.

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PERSPECTIVES

COMPETENCY IN SYSTEMS-BASED PRACTICE: Routine application of the ESC 0/1-h hs-cTnT algorithm facilitates rapid triage of patients with acute chest discomfort and is associated with low 30-day rates of major adverse cardiovascular events.

TRANSLATIONAL OUTLOOK: Additional **clinical studies** are needed to compare the performance of the 0/1-h algorithm with other rapid triage strategies for patients presenting with possible **acute myocardial infarction**.

