

Troponin testing in Primary Care

Please refer to NICE Clinical Knowledge Summary (CKS) on Chest pain for more further information:

<https://cks.nice.org.uk/chest-pain>

DO NOT request troponin in Primary Care / Community:

- If the patient has suspected acute coronary syndrome (ACS) – **dial 999**
- If the patient has had symptoms suggestive of ACS within the past 72h – **urgent assessment in ED required**

The Universal Definition of MI requires:

Rise or fall in cardiac troponin with
1 value above the 99th centile
AND relevant ECG changes
OR symptoms of ischaemia

The 99th centile for Troponin T is 14ng/L. This means that 99% of healthy individuals will have a Troponin T <14ng/L.

Troponin T results **must** be interpreted in light of the clinical presentation.

The laboratory will phone primary care Troponin T results >14ng/L to either GP surgery or GP out of hours service.

- **Troponin T <5ng/L** ACS is excluded if >3hr post chest pain
- **Troponin T 5-14ng/L** ACS is unlikely if >3hr post chest pain
- **Troponin T 14-51ng/L** **Discuss with cardiology/ambulatory care**
- **Troponin T >51ng/L** **Further assessment in ED usually required**

Troponin measurement *may* be useful to guide referral decisions, in combination with clinical judgement and ECG, in patients with suspected ACS >72h ago who are now pain free with no complications.

Troponin is not helpful:

- If the chest pain is non-cardiac
- To diagnose angina

Some Non-Cardiac causes of elevated TroponinT in the absence of an MI:
Pulmonary Embolism, Renal Failure, COPD, Diabetes, Acute neurological event, Drugs/Toxins

Non-acute / chronic elevations in Troponin T >14ng/L - seek Cardiology advice