



Calculating an EDACS score for the WACHS Chest Pain Pathway

What is the Emergency Department Detection of Chest Pain Score?

The Emergency Department (ED) Detection of Chest Pain Score (EDACS) is designed to be used by clinicians as part of a Chest Pain Pathway.

It is suitable for use in patients with chest pain or other anginal-equivalent symptoms requiring evaluation for possible acute coronary syndrome. It aims to identify patients who may be potentially at low risk of acute myocardial infarction or other major adverse cardiac events (MACE) and thus appropriate for early discharge from the emergency department when combined with serial cardiac troponin-level testing and ECGs.

This score only applies to patients:

- 1. ≥18 years old with normal vital signs
- 2. Chest pain consistent with Acute Coronary Syndromes (ACS)
- 3. No ongoing chest pain or crescendo angina.

The criteria for the calculation of the EDACS score are set out in the score table below. They can also be found on MDCalc (mdcalc.com) and other on-line calculators. These sites also include pearls and pitfalls of use.

Calculating the EDACS score

Age	Score	Other factors	Score
18-45	+ 2	Male sex	+ 6
46-50	+ 4	Aged 18-50 years and either:	
51-55	+ 6	Known coronary artery disease or	+ 4
56-60	+ 8	3 or more risk factors*	
61-65	+ 10	Symptoms and signs	
66-70	+ 12	Diaphoresis	+ 3
71-75	+ 14	Radiates to arm or shoulder	+ 5
76-80	+ 16	Pain ** occurred or worsened with inspiration	- 4
81-85	+ 18	Pain** is reproduced by palpation	- 6
86+	+ 20	SCORE 2	
		SCORE 1	
TOTAL SCORE		SCORE 1 + SCORE 2 =	

Note: when taking the EDACS score into consideration for risk stratification, 16 is the defining score. Low risk is < 16 and intermediate risk is ≥ 16 (refer to Section 6 of the MR1B WACHS Chest Pain Pathway form.

References

- Emergency Department Detection of Chest Pain Score www.mdcalc.com
- Boyle RSJ, Body R. <u>The Diagnostic Accuracy of the Emergency Department Assessment of Chest Pain (EDACS) Score: A Systematic Review and Meta-analysis</u>. Ann Emerg Med. 2021 Apr;77(4):433-441. doi: 10.1016/j.annemergmed.2020.10.020. Epub 2021 Jan 16. PMID: 33461885 [Accessed 24 September 2024]

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^{*} Risk factors: family history of premature CAD, dyslipidaemia, diabetes, hypertension, current smoker

^{**} Pain that caused presentation to hospital