Putting NICE guidance into practice

Presenter instructions: Chest pain algorithm supporting document

Implementing the NICE guidelines on Unstable angina and NSTEMI (CG94), Chest pain of recent onset (CG95) and Stable angina (CG126)

These presenter instructions support the chest pain algorithm (produced as a slide set) which accompany the clinical guidelines 'Unstable angina and NSTEMI' (available at: http://guidance.nice.org.uk/CG94), 'Chest pain of recent onset' (available at: http://guidance.nice.org.uk/CG95), and 'Stable angina' (available at: http://guidance.nice.org.uk/CG126).

Issue date: 2014

National Institute for Health and Care Excellence

Level 1A
City Tower
Piccadilly Plaza
Manchester
M1 4BT

www.nice.org.uk

These presenter notes were reviewed in March 2014 for this third edition, alongside the associated slide set and case studies. Pages 5 and 6 of this document, and slides 15 and 19 of the algorithm, have been updated to include reference to related NICE guidance published since the first edition.

It is not NICE guidance.

Implementation of the guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in the guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

NICE Chest Pain Algorithm: Instructions Summary Table

Slide No	Presenter instructions
1	**Do not** delete this slide as it will cause references to slide numbers to be changed within the presentation. When starting the presentation choose the start the slide show from slide 2. This algorithm has four sections: • Diagnosis of acute chest pain (orange) (10 minutes) • Management of unstable angina and NSTEMI (pink) (10 minutes) • Diagnosis of stable chest pain (green) (20 minutes) • Management of stable angina (red) (20 minutes) It will take 1 hour to work through all four sections. If you wish to present the sections separately estimates of how long each section will take are detailed above. Each section has a colour that is used in the algorithm to identify which section you are in. Slide 3 provides access to all four sections of this algorithm. There is a supporting document available that details two clinical cases, one patient with stable chest pain and one with acute chest pain. The supporting document contains questions that can be answered as you work though the algorithms. If you are keen to share the whole of the algorithm with your audience, it is recommended that you explore the boxes on each slide that are not applicable to the case before exploring the boxes that are applicable. Alphabetical letters are used throughout the presentation to indicate what order the boxes should be explored. You can also work through each case by only selecting the appropriate boxes. Please note if you choose this option you will not see large sections of the algorithm that are not applicable to that case. You can also work through the algorithm without using the cases.
2	This presentation has been written to bring together the treatment and management algorithms from Chest pain of recent onset (NICE clinical guideline 95), Unstable angina and NSTEMI (non-ST-segment-elevation myocardial infarction) (NICE clinical guideline 94) and Stable angina (NICE clinical guideline 126). The algorithms in this slide set have been taken from the published quick reference guides which accompany these three guidelines. This slide is an interactive algorithm. There are hyperlinks to allow you to move through the patient pathway and where appropriate gain further information. Use these hyperlinks during your presentation. The hyperlinks only work when the presentation is in 'slide show mode'. In order to guarantee effective use of the hyperlinks you must ensure you are clicking exactly on the hyperlink (wait for the mouse arrow to turn to a hand). The presenter should print the whole algorithm in notes view and use this when navigating the slides. When you leave a slide, note the slide number you leave. You should only use the hyperlinks on the **green** and **purple** boxes, unless you wish to break from the order of the algorithm in which case grey back buttons and yellow shortcut buttons are available. In the notes for presenters there is extra information about the contents of the slide. Additionally there are instructions for presenters that provide guidance on what order to navigate the boxes in the slides.

Slide No	Presenter instructions	Notes
3	It is recommended that you explore the recent acute chest pain algorithm box and then the stable chest pain algorithm box. Once you have explored boxes A and B please visit box C to find out more. If you are just interested in one algorithm then choosing box B before A will not cause any problems. Only use the shortcuts if you wish to explore only one section	
4	Click on the 'No current chest pain' link after exploring all of the other green boxes on this slide. Only use the shortcut to initial assessment if you **do not** want to explore the 'No current chest pain' route. A link to the initial assessment will be available after exploring the 'No current chest pain' route. **Do not** use the grey back button unless you wish to break from the order of the algorithm and revisit the contents slide 3.	
5	Explore box A first. You will be brought back to this slide after exploring A. You should then explore B. You will be brought back to this slide after exploring B. When you return explore box C. This will move you forward in the algorithm. **Do not** use the grey back button unless you wish to break from the order of the algorithm and revisit slide 4, ACS suspected?	
6	Return to slide 5 after exploring these boxes.	
7	Return to slide 5 after exploring these boxes.	
8	Explore the troponin levels side of the slide first and then explore the ECG findings slide and use the Yes / No hyperlink to move on to the next slide. Only use the shortcut to management of unstable angina and NSTEMI if you **do not** want to explore the ECG findings section.	
9	Explore box A first. Then explore box B and C in that order. After exploring B and C you will be brought back to this slide. You should then explore the purple box D to 'move to' the diagnosis section. **Do not** use the grey back button unless you wish to break from the order of the algorithm and revisit the initial assessment slide 8.	
10	After exploring this box return to slide 9 using the purple box. Only use the shortcut to management of unstable angina and NSTEMI if you **do not** want to explore the ECG findings section.	

11	After exploring this box return to slide 9. Only use the shortcut to management of unstable angina and NSTEMI if you **do not** want to explore the ECG findings section.	
12	Explore the boxes in alphabetical order with 'A' first. When you have explored all of the green boxes on this slide use the hyperlink in box C to move forward to NICE management of unstable angina and NSTEMI. Only use the shortcut to diagnosis of stable chest pain algorithm if you **do not** want to explore the NICE management of unstable angina and NSTEMI. **Do not** use the grey back button unless you wish to break from the order of the algorithm and revisit slide 9, Regional ST-segment elevation or presumed LBBB?	• Consider a chest X-ray to help exclude complications of an ACS (e.g. pulmonary oedema) or other diagnoses (e.g. pneumothorax or pneumonia). • Only consider early chest computed tomography (CT) to rule out other diagnoses (e.g. pulmonary embolism or aortic dissection), not to diagnose an ACS. • Manage risk factors for cardiovascular disease if an ACS has been excluded (follow appropriate guidance e.g. 'Hypertension' (NICE clinical guideline 127) or 'Lipid modification' (NICE clinical guideline 67).
13	After exploring the green box, and the link to 'Box 11' use the purple 'continue' link to continue with the NICE unstable angina / NSTEMI algorithm. **Do not** use the grey back button unless you wish to break from the order of the algorithm and revisit the end of the acute chest pain algorithm slide 12.	
14	Explore the lowest risk and low risk box first (A). After exploring this box you will be returned to this slide to allow you to explore the high risk, highest risk and intermediate risk box (B). From box B you will not be returned to this slide but will progress through the algorithm.	Please note the online calculator which is hyperlinked on this slide is not endorsed by NICE. It has been added to create a more realistic clinical case. If you use a local risk calculator you should highlight this to your audience and in the case study. **Footnotes:** 1. Categories of risk are derived from the Myocardial Ischaemia National Audit Process (MINAP) database. More details are in the full guideline which is available at www.nice.org.uk/guidance/CG94/Guidance 2. Predicted 6-month mortality.
15	After looking at all the green boxes, use the hyperlink 'Discuss management with....' to move forward through the algorithm.	**Footnotes** 1. Predicted 6-month mortality.

16	Explore the green boxes in alphabetical order. After exploring boxes A, B and C you will be brought back to this slide. You should then click on Box D to take you forward through the algorithm. **Do not** use the grey back buttons unless you wish to break with the algorithm and return to slide 15, management of low and lowest risk.	

17	After exploring this box return to slide 16, Discuss management.	**Related guidance:**
		NICE has published Prasugrel for the treatment of acute coronary syndromes with percutaneous coronary intervention. NICE technology appraisal guidance 182 (2009). This recommends:
		• Prasugrel in combination with aspirin is recommended as an option for preventing atherothrombotic events in people with acute coronary syndromes having percutaneous coronary intervention, only when:
		   o immediate primary percutaneous coronary intervention for ST-segment-elevation myocardial infarction is necessary or
		   o stent thrombosis has occurred during clopidogrel treatment or
		   o the patient has diabetes mellitus.
		• People currently receiving prasugrel for treatment of acute coronary syndromes whose circumstances do not meet the criteria in 1.1 should have the option to continue therapy until they and their clinicians consider it appropriate to stop.
		For access to TA182 please visit http://guidance.nice.org.uk/TA182

18	After exploring this box return to slide 16, Discuss management.	
19	After exploring the green boxes move forward through the algorithm by selecting the purple continue button.	**Footnotes** 1. Predicted 6-month mortality.

20	After exploring the green boxes. Select the hyperlink 'Discuss management strategy…' **Do not** use the grey back buttons unless you wish to break with the algorithm and return to slide 19, management of intermediate and high risk.	
21	Only use the purple return to box once you have explored boxes A, B and C. **Do not** use the grey back button unless you wish to break with the algorithm and return to slide 19, Management of intermediate, high and highest risk.	
22	After exploring this box return to slide 21, Discuss management.	**Related guidance:** NICE has published Prasugrel for the treatment of acute coronary syndromes with percutaneous coronary intervention. NICE technology appraisal guidance 182 (2009). This recommends: • Prasugrel in combination with aspirin is recommended as an option for preventing atherothrombotic events in people with acute coronary syndromes having percutaneous coronary intervention, only when: ○ immediate primary percutaneous coronary intervention for ST-segment-elevation myocardial infarction is necessary or ○ stent thrombosis has occurred during clopidogrel treatment or ○ the patient has diabetes mellitus. • People currently receiving prasugrel for treatment of acute coronary syndromes whose circumstances do not meet the criteria in 1.1 should have the option to continue therapy until they and their clinicians consider it appropriate to stop. For access to TA182 please visit http://guidance.nice.org.uk/TA182
23	After exploring this box return to slide 21, Discuss management.	

24	Explores hyperlinks A, B, C, D and E in alphabetical order. You will be returned back to this slide after exploring all of these links. After exploring all of the boxes and hyperlinks use the hyperlinked yes linked to box F to move forward. **Do not** use the back grey box unless you wish to return to the contents slide, slide 3.	• Angina can be diagnosed based on clinical assessment alone or clinical assessment plus diagnostic testing. • Manage risk factors for cardiovascular disease if chest pain is not stable angina. (Follow appropriate guidance, e.g. 'Hypertension' (NICE clinical guideline 127) or 'Lipid modification' (NICE clinical guideline 67). **Footnotes** 1. Previous myocardial infarction (MI**),** revascularisation, previous coronary angiography
25	After exploring these boxes, return to slide 24.	
26	After exploring these boxes, return to slide 24 using the purple box. Only use the shortcut to the 30–60% diagnostic pathway and the management of stable angina if you wish to **break from** the order of the algorithm.	**Footnotes** 1. Previous MI, revascularisation, previous coronary angiography.
27	Move down the algorithm and then explore boxes A and B in alphabetical order. After exploring these you will be brought back to this slide. Once you have explored boxes A and B explore box C. The link in box C will move you forward through the algorithm. **Do not** use the grey back box unless you wish to break with the order of the algorithm and return to slide 24, Stable chest pain clinical assessment.	
28	After exploring the green boxes return to slide 27, stable angina suspected, using the purple box. **Do not** use the shortcut to management of stable angina unless you **do not** wish to continue with the stable chest pain diagnosis.	
29	After exploring the green boxes return to slide 27, stable angina suspected, using the purple box.	

30	Explore each of the diagnostic testing boxes (A, B, C) in alphabetical order. After exploring these you will be returned to this slide.
	Once all of the green boxes have been explored select the purple box (D) to move to management of stable angina.
	Do not use the grey back button unless you wish to break with the standard order of the algorithm and return to slide 27, Stable angina suspected**.
		Diagnostic testing when the estimated likelihood of CAD is 10–90%:
		• Take into account the person's:
		   ○ preferences and comorbidities
		   ○ risk from radiation exposure.
		• Include the typicality of anginal pain and the estimated likelihood of CAD in all requests for tests and in the person's notes.

31	Explore all of the green boxes on this slide. Once all boxes have been explored use the Yes/No/Uncertain hyperlink at the bottom to move you on through the algorithm. **Do not** use the shortcut to 61–90% likelihood of CAD unless you wish to break from the standard order of the algorithm and skip to this section.	**Footnotes** 1. Consider investigating other causes of angina (e.g. hypertrophic cardiomyopathy or syndrome X) in people with typical angina-like chest pain if investigation excludes flow-limiting disease in the epicardial coronary arteries.
32	After exploring all of the green boxes use the purple box to return to slide 30. **Do not** use the shortcut to management of stable angina unless you wish to skip the standard order of the algorithm and jump to management of stable angina. **Do not** use the grey back button unless you wish to break with the standard order and return to the first part of the algorithm for people with a 10–29% likelihood of CAD.	**Footnotes** 1. Consider investigating other causes of angina (e.g. hypertrophic cardiomyopathy or syndrome X) in people with typical angina-like chest pain if investigation excludes flow-limiting disease in the epicardial coronary arteries.
33	Explore all of the green boxes. After exploring all of the green boxes use the purple box to return to slide 30. **Do not** use the shortcut to management of stable angina unless you wish to skip the standard order of the algorithm and jump to management of stable angina.	**Footnotes:** 1. Consider investigating other causes of angina (e.g. hypertrophic cardiomyopathy or syndrome X) in people with typical angina-like chest pain if investigation excludes flow-limiting disease in the epicardial coronary arteries.
34	Explore the 'no' box first After returning from exploring the 'no' box explore the 'yes' box. The 'yes' box will take you forward through the algorithm. **Do not** use the grey back button unless you wish to break with the algorithm order and return to slide 30, which contains details of diagnosis in people with estimated likelihood of CAD of 10–90%.	

35	After exploring the green boxes return to slide 34, estimated likelihood of CAD of 61–90%, using the purple box. **Do not** use the shortcut to management of stable angina unless you wish to skip the standard order of the algorithm.	**Footnotes:** 1. Consider investigating other causes of angina (e.g. hypertrophic cardiomyopathy or syndrome X) in people with typical angina-like chest pain if investigation excludes flow-limiting disease in the epicardial coronary arteries.
36	After exploring the green boxes use the purple box to return to slide 30, estimated likelihood of CAD 10–90%. **Do not** use the shortcut to management of stable angina or contents page unless you wish to skip the standard order of the algorithm and jump to management of stable angina.	**Footnotes:** 1. Consider investigating other causes of angina (e.g. hypertrophic cardiomyopathy or syndrome X) in people with typical angina-like chest pain if investigation excludes flow-limiting disease in the epicardial coronary arteries.
37	Explore boxes 12,13,14 and 15 and then select 'yes'. Once you have explored 'yes' you will be brought back to this slide. From there select 'no' to progress through the algorithm. **Do not** use the shortcut to diagnosis of stable chest pain unless you wish to break from the standard order of the algorithm. **Do not** use the grey back button unless you wish to break with the algorithm order and return to slide 30, which contains details of the diagnosis of people with stable chest pain and an estimated likelihood of CAD of 10−90%.	
38	Once you have read this green box return to slide 37 using the purple hyperlink	
39	Explore boxes A,B and C in alphabetical order. You will be returned to this slide after exploring each box. Once you have returned after exploring box C. Select the hyperlink in box D to take you forward through the algorithm.	

40	After exploring the green boxes, use the hyperlink 'Are symptoms satisfactorily controlled?' in the purple box to take you forward through the algorithm. **Do not** use the grey back button to return to slide 37 unless you wish to break with the order of the algorithm and return to that slide.	**Footnotes** 1. When combining ivabradine with a calcium channel blocker, use a dihydropyridine calcium channel blocker, for example, slow release nifedipine, amlodipine or felodipine. 2. At the time of publication (July 2011), nicorandil did not have UK marketing authorisation for this indication. Informed consent should be obtained and documented.
41	Explore the boxes in alphabetical order. Once you have explored boxes A and B in alphabetical order return to slide 39 using the purple box.	
42	After exploring this box return to slide 41 using the purple box.	**Footnotes** 1. This partially updates recommendation 1.2 of 'Myocardial perfusion scintigraphy for the diagnosis and management of angina and myocardial infarction' (NICE technology appraisal guidance 73).
43	After exploring this box return to slide 41 using the purple box.	**Footnotes** 1. This partially updates recommendation 1.2 of 'Myocardial perfusion scintigraphy for the diagnosis and management of angina and myocardial infarction' (NICE technology appraisal guidance 73).
44	After exploring the green boxes use the hyperlink in the purple box to take you forward through the algorithm. **Do not** use the grey back button to return to slide 37 unless you wish to break with the order of the algorithm and return to that slide.	**Footnotes** 1. When combining a calcium channel blocker with a beta blocker, use a dihydropyridine calcium channel blocker, for example, slow release nifedipine, amlodipine or felodipine.
45	Explore the boxes in alphabetical order. Once you have explored the boxes in alphabetical order return to slide 39, using the purple box	

46	After exploring this box return to slide 45 using the purple box.	1. **Footnotes** This partially updates recommendation 1.2 of 'Myocardial perfusion scintigraphy for the diagnosis and management of angina and myocardial infarction' (NICE technology appraisal guidance 73).
47	After exploring this box return to slide 45 using the purple box.	**Footnotes** 1. This partially updates recommendation 1.2 of 'Myocardial perfusion scintigraphy for the diagnosis and management of angina and myocardial infarction' (NICE technology appraisal guidance 73).
48	Use the hyperlink in the purple box to take you forward through the algorithm. **Do not** use the grey back button to return to slide 37 unless you wish to break with the order of the algorithm and return to that slide.	
49	Explore the boxes in alphabetical order. Once you have explored the boxes in alphabetical order return to slide 39, using the purple box.	
50	After exploring this box return to slide 49 using the purple box.	**Footnotes** 1. This partially updates recommendation 1.2 of 'Myocardial perfusion scintigraphy for the diagnosis and management of angina and myocardial infarction' (NICE technology appraisal guidance 73).
51	After exploring this box return to slide 49 using the purple box.	**Footnotes** 1. This partially updates recommendation 1.2 of 'Myocardial perfusion scintigraphy for the diagnosis and management of angina and myocardial infarction' (NICE technology appraisal guidance 73).
52	You have completed the stable angina algorithm. Use the purple box to return to the contents slide. **Do not** use the back to slide 37 link unless you with to break with the standard algorithm and return to slide 37.	

53 Box 1	After exploring the green box, use the purple box to take you back to your previous slide.	[1] Follow 'Unstable angina and NSTEMI' (NICE clinical guideline 94) or local protocols for ST-segment-elevation myocardial infarction (STEMI).
54 Box 2	After exploring the green box. Use the purple box to take you back to your previous slide.	
55 Box 2	After exploring the green box. Use the purple box to take you back to your previous slide.	
56 Box 2	After exploring the green box. Use the purple box to take you back to your previous slide.	
57 Box 2	After exploring the green box. Use the purple box to take you back to your previous slide.	
58 Box 2	After exploring the green box. Use the purple box to take you back to your previous slide.	
59 Box 2	After exploring the green box. Use the purple box to take you back to your previous slide.	
60 Box 3	After exploring the green box. Use the purple box to take you back to your previous slide.	
61 Box 4	After exploring the green box. Use the purple box to take you back to your previous slide.	**References** 1. Thygesen K, Alpert JS, White HD et al. on behalf of the joint ESC/ACCF/AHA/WHF Task Force for the redefinition of myocardial infarction (2007). Universal definition of myocardial infarction. Journal of the American College of Cardiology 50: 2173–95 2. The Guideline Development Group (GDG) did not review the evidence for the use of imaging evidence of new loss of viable myocardium or new regional wall motion abnormality in the diagnosis of myocardial infarction (MI), but recognised that it was included as a criterion in the universal definition of MI. The GDG recognised that it could be used, but would not be done routinely when there were symptoms of ischaemia and ECG changes.
62 Box 5	After exploring the green box. Use the purple box to take you back to your previous slide.	

63 Box 6	After exploring the green box. Use the purple box to take you back to your previous slide.	
64 Box 6	After exploring the green box. Use the purple box to take you back to your previous slide.	
65 Box 6	After exploring the green box. Use the purple box to take you back to your previous slide.	
66 Box 7	After exploring the green box. Use the purple box to take you back to your previous slide.	
67 Box 8	After exploring the green box. Use the purple box to take you back to your previous slide.	**Footnotes** 1. This updates and replaces recommendation 1.1 of NICE technology appraisal guidance 73. 2. Myocardial perfusion scintigraphy with single photon emission computed tomography.
68 Box 8	After exploring the green box. Use the purple box to take you back to your previous slide.	**Footnotes** 1. This updates and replaces recommendation 1.1 of NICE technology appraisal guidance 73 2. Myocardial perfusion scintigraphy with single photon emission computed tomography.
69 Box 8	After exploring the green box. Use the purple box to take you back to your previous slide.	**Footnotes** 1. This updates and replaces recommendation 1.1 of NICE technology appraisal guidance 73. 2. Myocardial perfusion scintigraphy with single photon emission computed tomography.
70 Box 8	After exploring the green box. Use the purple box to take you back to your previous slide.	**Footnotes** 1. This updates and replaces recommendation 1.1 of NICE technology appraisal guidance 73. 2. Myocardial perfusion scintigraphy with single photon emission computed tomography.
71 Box 8	After exploring the green box. Use the purple box to take you back to your previous slide.	**Footnotes** 1. This updates and replaces recommendation 1.1 of NICE technology appraisal guidance 73. 2. Myocardial perfusion scintigraphy with single photon emission computed tomography.
72 Box 9	After exploring the green box. Use the purple box to take you back to your previous slide.	

73 Box 9	After exploring the green box. Use the purple box to take you back to your previous slide.	
74 Box 9	After exploring the green box. Use the purple box to take you back to your previous slide.	
75 Box 9	After exploring the green box. Use the purple box to take you back to your previous slide.	
76 Box 10	After exploring the green box. Use the purple box to take you back to your previous slide.	
77 Box 11	After exploring the green box. Use the purple box to take you back to your previous slide.	
78 Box 11	After exploring the green box. Use the purple box to take you back to your previous slide.	
79 Box 12	After exploring the green box. Use the purple box to take you back to your previous slide.	
80 Box 13	After exploring the green box. Use the purple box to take you back to your previous slide.	
81 Box 14	After exploring the green box. Use the purple box to take you back to your previous slide.	
82 Box 15	After exploring the green box. Use the purple box to take you back to your previous slide.	NICE has updated the guideline on Hypertension. Hypertension, NICE clinical guideline 127 (August 2011) is available from www.nice.org.uk/guidance/CG127
83 Box 16	After exploring the green box. Use the purple box to take you back to your previous slide.	
84 Box 16	After exploring the green box. Use the purple box to take you back to your previous slide.	
85 Box 16	After exploring the green box. Use the purple box to take you back to your previous slide.	
86 Box 17	After exploring the green box. Use the purple box to take you back to your previous slide.	
87 Box 17	After exploring the green box. Use the purple box to take you back to your previous slide.	
88 Box 17	After exploring the green box. Use the purple box to take you back to your previous slide.	

89 Table 1	After exploring the green box. Use the purple box to take you back to your previous slide.	
90 – find out more	Use the purple box to move you to the next slide	
91 – UA / NSTEMI	Use the purple box to move you to the next slide	You can download the guidance documents from the NICE website. • The NICE guideline – all the recommendations. • A quick reference guide – a summary of the recommendations for healthcare professionals. • 'Understanding NICE guidance' – information for patients and carers. • The full guideline – all the recommendations, details of how they were developed, and reviews of the evidence they were based on. NICE has developed tools to help organisations implement this guideline, which can be found on the NICE website. • Slide set – containing key messages from the guideline • Costing tools – a costing report gives the background to the national savings and costs associated with implementation, and a costing template allows you to estimate the local costs and savings involved. • Costing statement – details of the likely costs and savings when the cost impact of the guideline is not considered to be significant. • Audit support – for monitoring local practice.

92 – chest pain	Use the purple box to move you to the next slide	You can download the guidance documents from the NICE website.
		• The NICE guideline – all the recommendations.
		• A quick reference guide – a summary of the recommendations for healthcare professionals.
		• 'Understanding NICE guidance' – information for patients and carers.
		• The full guideline – all the recommendations, details of how they were developed, and reviews of the evidence they were based on.
		NICE has developed tools to help organisations implement this guideline, which can be found on the NICE website.
		• Slide set – containing key messages from the guideline
		• Costing tools – a costing report gives the background to the national savings and costs associated with implementation, and a costing template allows you to estimate the local costs and savings involved.
		• Audit support – for monitoring local practice
		• Baseline assessment tool – the document can help you identify which areas of practice may need more support, decide on clinical audit topics and prioritise implementation activities
		• Implementation advice – on how to put the guidance into practice and national initiatives that support this locally.
		• Online educational tool – developed in conjunction with BMJ Learning, the interactive module uses interactive case histories to improve users knowledge of the guidance. The tools are free to use and open to all. You will need to provide your email address and a password to register with BMJ Learning.
		• Referral checklist - produced for those coordinating the diagnostic pathway for people presenting with stable chest pain
		• Calcium scoring factsheet - developed to help clarify the role CT calcium scoring can play in ruling out stable angina in people presenting with chest pain of suspected cardiac origin.

93 – stable angina	Use the purple box to move you to the next slide	You can download the guidance documents from the NICE website. • The NICE guideline – all the recommendations. • A quick reference guide – a summary of the recommendations for healthcare professionals. • 'Understanding NICE guidance' – information for patients and carers. • The full guideline – all the recommendations, details of how they were developed, and reviews of the evidence they were based on. NICE has developed tools to help organisations implement this guideline, which can be found on the NICE website. • Slide set – containing key messages from the guideline • Costing statement – details of the likely costs and savings when the cost impact of the guideline is not considered to be significant. • Audit support – for monitoring local practice. • Baseline assessment tool – to help you identify which areas of practice may need more support, decide on clinical audit topics and prioritise implementation activities • Factsheet on revascularisation for stable angina – provides further information supporting the development of the revascularisation recommendations for people whose stable angina is controlled with optimal medical treatment.

94 – related guidance	Use the purple box to move you to the next slide	Please visit the NICE website for published guidance (clinical guidelines, technology appraisal and interventional procedure guidance) related to the clinical guidelines 'Chest pain of recent onset', 'Stable angina' and 'Unstable angina and NSTEMI'. The list of related guidance below is not exhaustive.
		• NICE Stable angina quality standard (August 2012) Available from http://www.nice.org.uk/guidance/QS21
		• New generation cardiac CT scanners (Aquilion ONE, Brilliance iCT, Discovery CT750 HD and Somatom Definition Flash) for cardiac imaging in people with suspected or known coronary artery disease in whom imaging is difficult with earlier generation CT scanners. NICE diagnostics guidance 3 (2012). Available from www.nice.org.uk/guidance/DG3
		• Ticagrelor for the treatment of acute coronary syndromes (ACS). NICE technology appraisal guidance 236 (2011). Available from www.nice.org.uk/guidance/TA236
		• Hyperglycaemia in ACS. NICE clinical guideline 130 (2011). Available from www.nice.org.uk/guidance/CG130
		• Hypertension. NICE clinical guideline 127 (2011). Available from www.nice.org.uk/guidance/CG127
		• Off-pump coronary artery bypass grafting. NICE interventional procedure guidance 377 (2011). Available from www.nice.org.uk/guidance/IPG377
		• Chronic heart failure (partial update). NICE clinical guideline 108 (2010). Available from www.nice.org.uk/guidance/CG108
		• Endoscopic saphenous vein harvest for coronary artery bypass grafting. NICE interventional procedure guidance 348 (2010). Available from www.nice.org.uk/guidance/IPG348
		• Prevention of cardiovascular disease at population level. NICE public health guidance 25 (2010). Available from www.nice.org.uk/guidance/PH25
		• Prasugrel for the treatment of acute coronary syndromes with percutaneous coronary intervention. NICE technology appraisal guidance 182 (2009). Available from www.nice.org.uk/guidance/TA182
		• Drug-eluting stents for the treatment of coronary artery disease (part review of NICE technology appraisal guidance 71). NICE technology appraisal guidance 152 (2008). Available from www.nice.org.uk/guidance/TA152
		• Lipid modification. NICE clinical guideline 67 (2008). Available from www.nice.org.uk/guidance/CG67
		• Smoking cessation services (2008). NICE public health guidance 10. Available from www.nice.org.uk/guidance/PH10
		• MI: secondary prevention. NICE clinical guideline 172 (2013). Available from www.nice.org.uk/guidance/CG172
		• Statins for the prevention of cardiovascular events. NICE technology appraisal guidance 94 (2006). Available from www.nice.org.uk/guidance/TA94

95 – what do you think?	This final slide is not intended to be part of the presentation. It asks for feedback on whether this implementation tool meets your requirements and whether it will help you to put this NICE guidance into practice: your opinion would be appreciated. To open the links in this slide set, right click over the link and choose 'open link'.	
96 Map	This is a map of the pathways contains within this slide set. Print this slide for yourself and your colleagues to allow you to follow your progress through the algorithm. If required, use the purple box in the bottom right hand corner to return to the instructions slide.	
97 suspected ACS		If the chest pain is suspected to be an ACS, return the slide 4 using the purple box and follow the diagnosis of acute chest pain pathway in this slide set.
98 suspected ACS		If the chest pain is suspected to be an ACS, return the 'diagnostic criteria' slide using the purple box and continue to follow the diagnosis of acute chest pain pathway in this slide set.