Tallaght University Hospital
Ospidéal Ollscoile Thamhlachta
An Academic Partner of Trinity College Dublin

November 2025

Community Chest pain clinic

Referral Criteria

Patient has NON-ACUTE new onset chest pain thought
likely to be angina/Coronary Artery Disease

3rd Floor Russell Centre
Tallaght Cross West, Tallaght
Dublin 24, D24DH74, Ireland

Inclusion criteria

- Age ≥ 30
- New onset non-acute chest pain **without a definite non-anginal cause i.e. GORD/Costochondritis**.
- **≥5%** European Society of Cardiology (ESC) clinical likelihood of CAD **(PTO)**
  - **unless diabetic**
  - **female ≥ 50 years of age**

Please include in the referral letter

-Presenting complaint with details including if exertional

-Cardiovascular risk factors
-**Recent blood results for lipids, HbA1c, renal, liver, TFTs, FBC**
- Include a recent ECG
-If also complaining of 'shortness of breath/dyspnoea' **as a co-existing symptom** please include a recent NTP-proBNP level to rule out heart failure

Exclusion criteria

- Unstable severe chest pain at rest, refer to the emergency department.
- Non-anginal chest pain as per NICE criteria (i.e. chest pain with a definite reproducible musculoskeletal /GORD cause)
- Patients who have already been assessed in an emergency dept. or chest pain clinic for chest pain assessment within the previous 3 months.
- Uncontrolled hypertension (Systolic > 180mmHg, Diastolic >110mmHg)
- Suspected new valve disease.
- Palpitations as **main** complaint
- Currently under the care of Cardiology
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How to refer

Preferred referral route via Healthlink to Tallaght University Hospital

Select

Tallaght University Hospital

Cardiology-Community Chest Pain

Appointments are issued as per ESC PTP/clinical likelihood of CAD **≥5%** (Knuuti, et al. 2019)

If the referral is deemed not suitable (i.e. ≤5% PTP/ exclusion criteria) you will receive a letter regarding same

For any additional queries don't hesitate to contact us

Shirley Ingram (ANP) & Maeve Kane (Admin) 01 414 2681

Dr Peter Wheen, Consultant cardiologist

November 2025

Thank you **PTO**

To classify Clinical likelihood of obstructive CAD

Typicality of chest pain as per NICE CG95

Anginal pain is:

- Constricting discomfort in the front of the chest, or in the neck, shoulders, jaw or arms
- Precipitated by physical exertion
- Relieved by rest or GTN within about 5 minutes. [2010, amended 2016]

-Presence of three of the features below is defined as typical angina.

-Presence of two of the three features below is defined as atypical angina.

-Presence of one or none of the features below is defined as non-anginal chest pain.

Patients with angina and/or dyspnoea and suspected coronary artery disease

ESC European Society of Cardiology

Pre-test probability of coronary artery disease

	Typical		Atypical		Non-anginal		Dyspnoea[a]	
Age	M	W	M	W	M	W	M	W
30–39	3%	5%	4%	3%	1%	1%	0%	3%
40–49	22%	10%	10%	6%	3%	2%	12%	3%
50–59	32%	13%	17%	6%	11%	3%	20%	9%
60–69	44%	16%	26%	11%	22%	6%	27%	14%
70+	52%	27%	34%	19%	24%	10%	32%	12%

[a] In addition to the classic Diamond and Forrester classes, patients with dyspnoea only or dyspnoea as the primary symptom are included. The dark green shaded regions denote the groups in which non-invasive testing is most beneficial (pre-test probability >15%). The light green shaded regions denote the groups with pre-test probability of CAD between 5-15% in which the testing for diagnosis may be considered after assessing the overall clinical likelihood based on modifiers of pre-test probability.

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www.escardio.org/guidelines

ESC Guidelines on the diagnosis and management of chronic coronary syndromes (European Heart Journal 2019; 10.1093/eurheartj/ehz425)

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This patients ESC PTP /Clinical likelihood is_____%

Meets Criteria **≥5%** YES/NO