Emergency Cardiology: Red Flags and Triage

Course 03 · Cardiovascular, Vascular and Hematology · October 2026

Immediate emergency referral

• Pressure-like chest pain at rest or with sweating, syncope, shortness of breath or dynamic ECG changes

• Syncope with exertion, palpitations, structural heart disease, marked hypotension or family sudden death

• Severe dyspnea with hypoxemia, pulmonary edema, shock, altered mentation or cool extremities

• Unresponsive/pulseless: start CPR, call emergency services, apply AED promptly

• New sudden focal weakness, speech change or vision loss even if it resolves

• Sudden tearing back/chest pain with pulse deficit or shock; cold painful pulseless limb

• PE concern with collapse, hypoxemia, or hemodynamic instability

• New murmur plus sepsis, or severe symptomatic valve disease

• Anticoagulant-related melena, hematemesis, severe headache or signs of major blood loss

• Fever with profound neutropenia or rapidly evolving bleeding with DIC/TTP features

Shock pattern clues

• Cardiogenic: low cardiac output, often pulmonary congestion after infarction or severe myocardial injury

• Obstructive: tamponade, massive PE, tension pneumothorax

• Distributive: sepsis or anaphylaxis (IM epinephrine first-line in suspected anaphylaxis)

• Hypovolemic: hemorrhage or other major volume loss

• All shock requires immediate response; do not delay escalation for outpatient investigations

Handover essentials

• Time of onset and last-known-well for focal deficit

• Vital signs, level of consciousness, rhythm/ECG, key focused findings

• Anticoagulant or antiplatelet exposure, allergies and important comorbidities

• Actions taken, patient response, safe transport arrangements and receiving team

Emergency care: 2025 AHA Adult Advanced Life Support and 2025 ACS recommendations.

AHA — 2025 Adult Advanced Life Support

AHA/ACC — 2025 Acute Coronary Syndromes Guideline

Canadian Stroke Best Practices — Acute Ischemic Stroke Treatment

Educational use only. Not a substitute for current guidelines, local emergency protocols, or individualized clinical care. Course cases and practice questions are original educational examples.