

# POAC CLINICAL POLICY

## POAC funding of ECG

POAC will fund urgent ECG under the following circumstances:

1. Investigation of current/recent chest pain with possibility of acute coronary syndrome (ACS) – low risk of ACS but diagnosis still under consideration, and co-payment issues would otherwise mean that the patient would be sent acutely to hospital for ECG.

ECG must be accompanied by troponin testing, and with evidence of rapid (same day) follow up of ECG and blood results. See Auckland Regional HealthPathway: Acute Chest Pain <https://aucklandregion.healthpathways.org.nz/27916.htm>.

*Note* that if funding would otherwise be a barrier, POAC will fund a baseline ECG for patients with acute chest pain requiring immediate ambulance transfer to a hospital Emergency Department

2. Investigation of current palpitations or irregular pulse if patient cannot pay for ECG and would otherwise be sent to hospital acutely for ECG.
3. New onset of symptoms such that a “silent” MI is under consideration but not obviously needing admission, and co-payment issues would otherwise mean that the patient would be sent acutely to hospital for ECG – would have to be accompanied by troponin.

### NOT COVERED BY POAC:

1. Non-acute chest pain
2. Chest pain without cardiac features
3. History of palpitations but none currently present and pulse regular