**THE EFFECT OF NEGATIVE CARDIAC NUCLEAR STRESS ON EMERGENCY-ROOM VISIT AND READMISSION FOR CHEST PAIN**

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*Objectives*: To determine the effect of negative nuclear stress test (NST) in the frequency of emergency department (ED) visits and hospital readmissions (HR) to rule out acute coronary syndrome (ACS).Background: Patients with low-risk chest pain are frequently readmitted for evaluation of recurrent chest pain. A negative NST before discharge reassures the physician that the chest pain is not caused by an obstructive coronary lesion. *Method*: A retrospective study using electronic charts between 2009 and 2013 was performed. We included patients who were admitted at least once to rule out ACS and had a negative NST before discharge. We compared subsequent ED visits and HR 2 years before and after the result of the NST. Patients with a positive troponin or a history of coronary artery disease were excluded.

*Result*: 1300 patients with NST were reviewed. 72 fulfilled the criteria for this study. Median age of participants was 61 (36-84) years and 68% (49) were women. Patients came to ED 93 times (1-5) before a negative NST and 99 times (1-7) after a negative NST (p=0.35). Patients were admitted 82 times (1-5) before a negative NST and 90 times (1-7) after a negative NST (p=0.44). Among 72 patients, 30 (42%) patients were admitted before and after a negative NST, there was 24 (33%) admissions before a negative NST and 18 (25%) admissions after a negative NST.

*Conclusion*: Previous result of a negative NST did not reduce either ED visits or HR to rule out ACS, although not statistically significant. It seems like clinicians are not explaining to the patients the cause of their chest pain, giving a particular diagnosis, and treating the underlying cause. Changing the management and approach to these patients might be a more effective way for reducing readmissions than stress testing alone.