AACVPR Stratification Algorithm for Risk of Event

Not specific solely to exercise events.

❶ Patient is at **HIGH RISK** if ANY ONE OR MORE of the following factors are present:

- Left ventricular ejection fraction < 40%
- Survivor of cardiac arrest or sudden death
- Complex ventricular dysrhythmias (ventricular tachycardia, frequent [> 6/min] multiform PVCs) at rest or with exercise
- MI or cardiac surgery complicated by cardiogenic shock, CHF, and/or signs/symptoms of post-procedure ischemia
- Abnormal hemodynamics with exercise, especially flat or decreasing systolic blood pressure or chronotropic incompetence with increasing workload
- Significant silent ischemia (ST depression 2mm or greater without symptoms) with exercise or in recovery
- Signs/symptoms including angina pectoris, dizziness, lightheadedness or dyspnea at low levels of exercise (< 5.0 METs) or in recovery
- Maximal functional capacity less than 5.0 METs*
- Clinically significant depression or depressive symptoms

❷ Patient is at **LOW RISK** if ALL of the following factors are present:

- Left ventricular ejection fraction > 50%
- No resting or exercise-induced complex dysrhythmias
- Uncomplicated MI, CABG, angioplasty, atherectomy, or stent:
    - Absence of CHF or signs/symptoms indicating post-event ischemia
- Normal hemodynamic and ECG responses with exercise and in recovery
- Asymptomatic with exercise or in recovery, including absence of angina
- Maximal functional capacity at least 7.0 METs*
- Absence of clinical depression or depressive symptoms

❸ Patient is at **INTERMEDIATE RISK** if they meet neither High Risk nor Low Risk standards:

- Left ventricular ejection fraction = 40–50%
- Signs/symptoms including angina at "moderate" levels of exercise (60–75% of maximal functional capacity) or in recovery
- Mild to moderate silent ischemia (ST depression less than 2mm) with exercise or in recovery

If measured functional capacity is not available, this variable can be excluded from the risk stratification process.

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