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 **MODERATE 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.*