INTRODUCTION
Chest-pain patients with no evidence of acute coronary syndrome might still be at risk for adverse outcomes.

Adding renal function to the classic scoring of CHADS and CHA2DS2 VASC may improve risk stratification of chest-pain patients discharged from the internal medicine wards after acute coronary syndrome (ACS) rule-out.

OBJECTIVES
To further investigate the value of adding kidney function information to the prognosis and risk stratification of patients, by correlating pre-admission R2CHA2DS2-VASC score and adverse clinical outcomes in patients presenting with chest pain who were discharged from internal medicine wards following ACS rule-out.

RESULTS
Participants were stratified into 3 groups according to R2CHA2DS2-VASC score. R2CHA2DS2-VASC score predicted better the composite outcome of ACS and mortality 30-days and 1 year after discharge (OR: 4, 95% CI 2.3-7, p<0.01 and OR: 13.3, 95% CI 7.8-22.7, p<0.01, respectively). Receiver operating characteristic curve analysis showed better risk stratification of the R2CHA2DS2-VASC compared with both CHADS and CHA2DS2 VASC score.

CONCLUSIONS
The R2CHA2DS2-VASC score is a better predictor of short- and long-term cardiovascular morbidity and mortality after hospital discharge.