Chest Pain

REFRESHER

RECOGNIZE IT

- Neck to navel with no obvious etiology — suspect cardiac
- Pain, pressure, tightness; note location and radiation of pain
- Pale, diaphoretic, nausea/vomiting, dizziness

ASSESS

- Age, history, medications, past medical history, HPI with OPQRST
- Trauma vs medical; angina vs MI
- Differential: pericarditis, asthma/COPD, pneumothorax, aortic dissection/aneurysm, reflux/hiatal hernia, chest wall injury, pleural pain, recreational drugs
- Acute MI/STEMI: 1 mm ST elevation in more than 2 contiguous leads

ACT — FIRST MOVES

1. Monitor with 12/15-lead acquisition — obtain a 12/15 lead to rule out cardiac with these symptoms
2. Aspirin
3. Nitro — SL or push-dose NTG every 5 min as needed; when pain is controlled, switch to 1-inch nitro paste
4. 500 mL bolus, up to 2 L — nitro and fluids are split on the page by blood pressure (<100 / >100)
5. Fentanyl/Dilaudid for pain

PEARLS

- Diabetic, geriatric, and female patients may present with atypical pain or only generalized complaints
- If the complaint is not making sense, run a 12/15 lead
- Associated symptoms can include dizziness, weakness, and fatigue

Take Home Message:

Chest pain from neck to navel without an obvious cause is cardiac until proven otherwise: monitor, 12/15 lead, aspirin, nitro, fluids by pressure.