

Chest Pain Suspected Cardiac Event



Texas State Coalition efforts support the goal of the American Heart Association's Mission: Lifeline program, working to improve health care systems' response to and treatment of STEMI heart attacks.

Signs and Symptoms

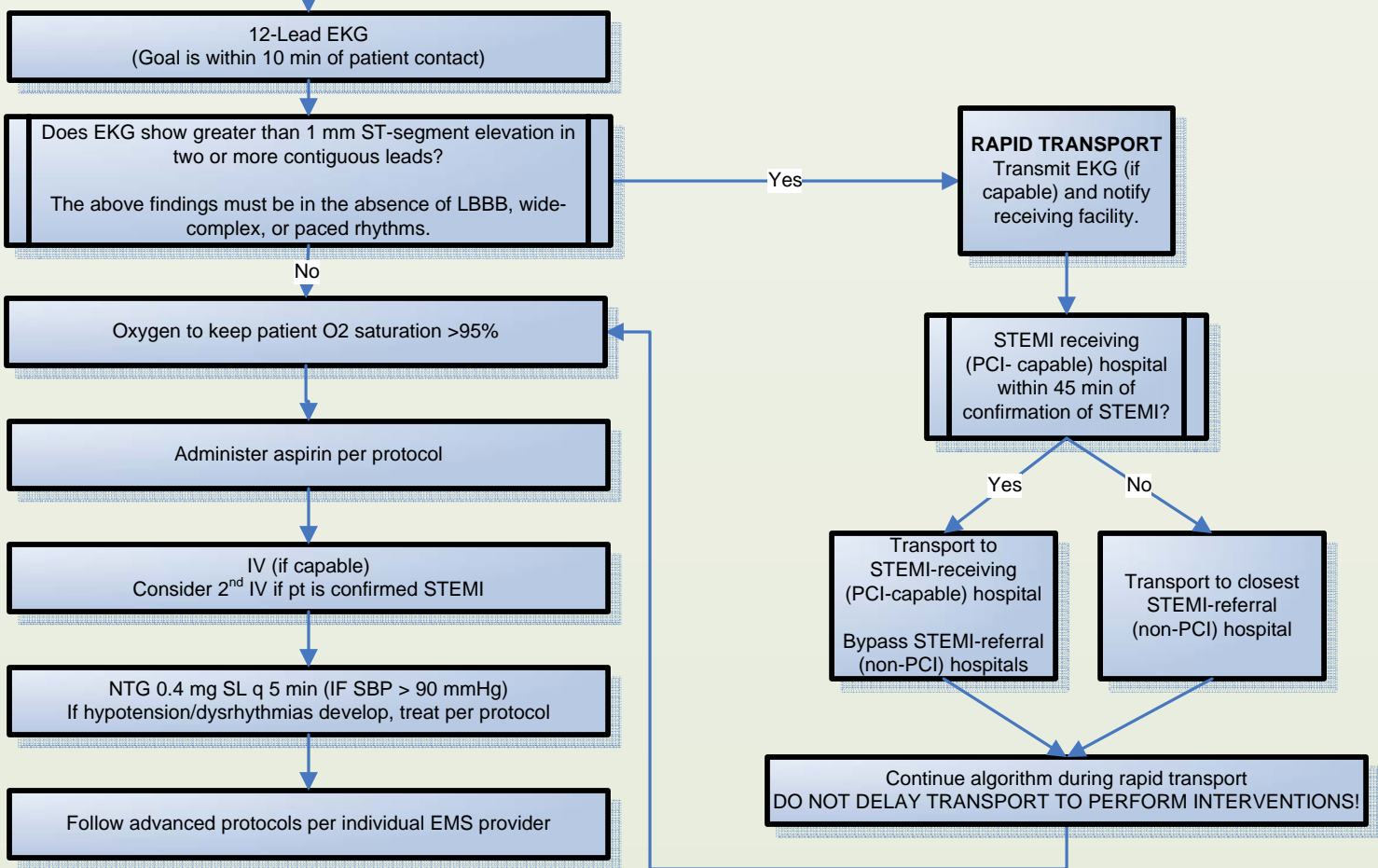
- ~CP or "discomfort"
- ~Chest pressure or tightness
- ~Complaints of "heart racing" or palpitations
- ~Complaints of "heart beating too slow"
- ~GI symptoms – n/v
- ~Dizziness or syncope
- ~Difficulty breathing or SOB
- ~Severe weakness in pts >45 yo
- ~New onset stroke symptoms

History

- ~Age
- ~Viagra, Levitra, Cialis (within 48 hrs)
- ~PMH – previous MI, angina at rest
- ~Allergies (asa, morphine, lidocaine)
- ~Recent physical exertion
- ~Onset
- ~Palliation/Provocation
- ~Quality (dull, ache, tightness)
- ~Region/Radiation/Referred
- ~Severity (1-10)
- ~Time (duration/repetition)

Increase suspicion with these High Risk Groups

- ~Diabetic
- ~Smokers
- ~Severe obesity
- ~MHx of HTN, high chol
- ~A family MHx of early heart disease
- ~Recent cocaine use



Pearls

- ~EXAM: Mental status, neuro, skin, neck, lung, heart, abdomen, back, extremities
- ~Avoid Nitroglycerin (NTG) in any patient who has used Viagra or Levitra within last 24 hours and Cialis within last 36 hours due to potential severe hypotension.
- ~Women, diabetic patients and elderly patients are more likely to present with atypical S/S – no chest pain but jaw, neck, arm or upper back pain, generalized weakness, altered mental status and syncope.
- ~Minimize patient exertion.
- ~Patients with CP but without ST-segment elevation should be transferred to hospital of their choice. Patients with STEMI, cardiogenic shock or high degree HB should be encouraged to go to an Interventional Cardiac Cath Lab capable facility.
- ~When in doubt, do the ECG!!!