

**PURPOSE:** To provide a process for the assessment and management of chest pain of various sources. This protocol may be used in conjunction with other dysrhythmia protocols.

**M B S P****I. Assessment Information for Differential Diagnosis****A. FOR CHEST PAIN SECONDARY TO PNEUMONIA:**

1. Quality of pain:
  - a) May be pleuritic
  - b) Usually gradual onset
  - c) Duration usually constant
2. Associated symptoms and signs:
  - a) Fever
  - b) Shortness of breath
  - c) Productive cough
  - d) Rales, rhonchi, or diminished breath sounds (localized)
  - e) Nausea and/or vomiting
  - f) Associated flu-like symptoms

**M B S P****B. FOR CHEST PAIN SECONDARY TO PULMONARY EMBOLUS:**

1. Quality of pain:
  - a) May be pleuritic
  - b) Usually sudden onset
  - c) Usually constant duration
2. Associated symptoms and signs:
  - a) Tachycardia
  - b) Tachypnea
  - c) Productive cough (may have blood tinged sputum)
  - d) Shortness of breath
  - e) Associated leg pain
3. Risk Factors:
  - a) Birth control pills
  - b) Clotting disorders
  - c) Pregnancy
  - d) Recent surgery or extended travel
  - e) Prolonged immobilization (including casts)

**M B S P****C. FOR CHEST PAIN SECONDARY TO AORTIC DISSECTION:**

1. Quality of pain:
  - a) Usually sudden onset
  - b) Usually constant duration
2. History of aneurysm
3. Associated symptoms and signs:
  - a) Associated back pain
  - b) Associated neurological signs
  - c) Hypotension
  - d) Unequal peripheral pulses

**II. General Management**

- A. Utilize universal precautions.
- B. Evaluate and maintain airway, provide oxygen and support ventilations as needed.
- C. Evaluate circulation:
  1. Pulse and blood pressure
  2. Determine skin color, temp and moisture.
  3. Listen and evaluate heart and lungs for:
    - a) Dysrhythmias
    - b) Rales in lungs consistent with CHF
  4. Assess for JVD
- D. For chest pain associated with inadequate perfusion, go to Cardiogenic Shock Protocol.
- E. Monitor EKG. **If a dysrhythmia** is present, go to the appropriate protocol.

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F. Obtain vascular access.

III. **Specific Management**

A. **Patient with CHEST PAIN SECONDARY TO PNEUMONIA:**

1. Place infection control mask over patient's mouth and nose.
2. Transport patient in position of comfort.

**CONTACT MEDICAL CONTROL**

B. **Patient with CHEST PAIN SECONDARY TO PULMONARY EMBOLUS:**

1. Transport patient in position of comfort.
2. Assist ventilations as needed.

**CONTACT MEDICAL CONTROL**

3. **Possible orders post radio contact:**
  - a. Nitroglycerin

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C. **Patient with CHEST PAIN SECONDARY TO AORTIC DISSECTION:**

1. Start a second IV in a manner not to delay transport. Rate to be determined by patient's clinical condition.

**CONTACT MEDICAL CONTROL**

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2. **Possible orders post radio contact:**
  - a. Nitroglycerine
  - b. Morphine sulfate
  - c. Fluid bolus