Chest Pain

INITIAL EVALUATION

Presenting Symptoms¹
- Chest pain with symptomatic or new onset bradycardia
- Chest pain with symptomatic tachycardia
- Chest pain with change in respiratory status
- Chest pain (at rest or exertion) with new onset dyspnea
- Chest pain with new onset hypotension or systolic BP 15-20 mmHg above or below baseline
- Continuous cardiovascular symptoms with constant intensity lasting more than 10 minutes
- Chest pain with altered mental status
- If patient has coronary history, pain that is described as personal, typical angina

TREATMENT

Patient becomes unresponsive?

Yes

Call Code Blue Team

No

Is patient hemodynamically stable?

Yes

Contact primary team to initiate appropriate orders
- STAT 12-lead EKG
- STAT chest x-ray
- After hours/weekends: STAT page Nocturnal Team covering the geographic area/service of the patient
- Continue to support and monitor until advanced support arrives

No

Activate MERIT for symptomatic chest pain

¹ Presenting Symptoms at least one of the following:
Cardiovascular: chest discomfort, chest tightness, shoulder pain, radiating pain to jaw or left arm, crushing/squeezing pain, pleuritic chest pain
Skin: cyanosis, diaphoresis
Respiratory: dyspnea on exertion, shortness of breath at rest
Vascular: hypotension, dizziness, syncope, palpitations, peripheral edema
Other: abdominal pain, epigastric pain, tumor pain, fatigue, nausea/vomiting, heartburn/reflux, severe weakness, history of deep vein thrombosis or pulmonary embolism

Note: At any point, if patient becomes unresponsive, call the Code Blue Team.

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.
SUGGESTED READINGS


This practice consensus statement is based on majority opinion of the Chest Pain workgroup at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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