Chest Pain

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

NOTE: At any point, if patient is unresponsive, call the Code Team.

INITIAL EVALUATION

Presenting Symptoms
- 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 of dyspnea
- Chest pain with new onset hypotension or BP greater than or less than 15-20 mm Hg baseline
- Continuous cardiovascular symptoms with constant intensity (not intermittent pain) lasting more than 10 minutes.
- Chest pain with altered mental status
- If patient with past coronary history-pain described as personal, typical angina

TREATMENT

Patient becomes unresponsive?

Yes

Call Code Team

No

Is patient hemodynamically stable?

Yes

STAT 12 lead EKG
- Initiate Acute Chest Pain Nursing Intervention
- Page primary inpatient team
- Continue to support and monitor until advanced support arrives
- After hours/weekends: STAT page Nocturnal Team covering the geographic area/service of the patient

No

Activate MERIT for symptomatic chest pain

Consider transfer to appropriate level of care

1Presenting Symptoms are one of the following:
  Cardiovascular: chest discomfort, chest tightness, shoulder pain, radiating pain to jaw, radiating pain to 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
SUGGESTED READINGS


DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Chest Pain Work Group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following core group members:

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