### 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

**Is patient hemodynamically stable?**

- **Yes**
  - Call Code Team

- **No**
  - Patient becomes unresponsive?
    - **Yes**
      - Do not activate MERIT. STEMI care is pre-activated upon arrival. Call Code Team.
    - **No**
      - **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**
          - Consider transfer to appropriate level of care

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

---

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:

John Crommet, MD
Rechelle Falguera, RN
Cezar Iliescu, MD
Debbie James, RN
Cori Kopecky, RN
Rachel Lantz, RN
Terry Rice, MD
Sarah Roder, RN
Sunil Sahai, MD
Edgar Salire, RN
Gloria Trowbridge, BSN, RN
Nicole Vaughan-Adams, RN
Anita M. Williams, BS

* Clinical Effectiveness Development Team