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 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

Is patient hemodynamically stable?

Yes

STAT 12-lead EKG
- Initiate Clinical Parameter: Chest Pain Interventions order set
- Page primary 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

Provider to consider transfer to appropriate level of care

No

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.

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

Copyright 2018 The University of Texas MD Anderson Cancer Center
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


Chest Pain

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.

DEVELOPMENT CREDITS

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:

John Crommet, MD (Critical Care & Respiratory Care)
Rechelle Falguera, RN (Nursing Post Anesthesia Care Unit)
Cezar Iliescu, MD (Cardiology)
Cori Kopecky, RN (Nursing)
Terry Rice, MD (Emergency Medicine)
Sarah Roder, RN (Gynecologic Oncology Center)
Sunil Sahai, MD (General Internal Medicine)
Edgar Salire, RN, MSN, ANP-C (Cardiology)
Nicole Vaughan-Adams, RN (Nursing)
Anita M. Williams, BS
Sonal Yang, PharmD

*Clinical Effectiveness Development Team