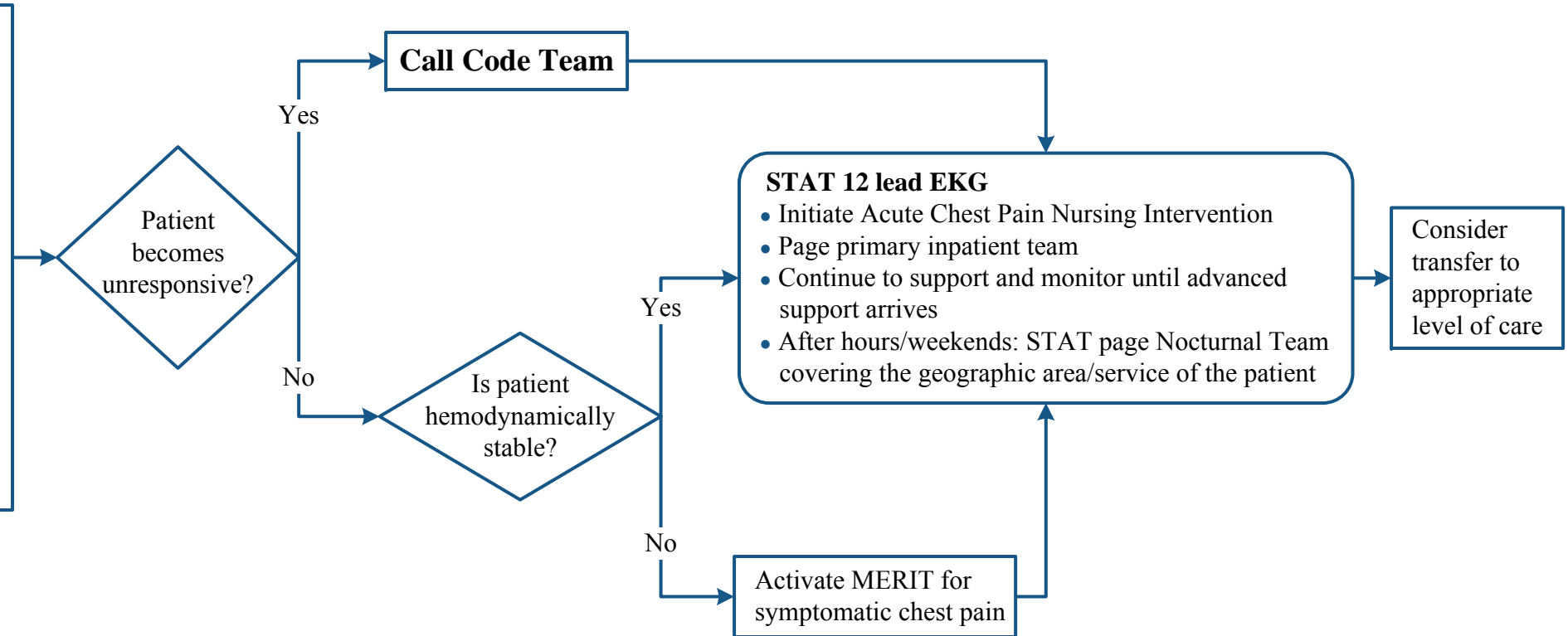# Chest Pain

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

TREATMENT

Presenting Symptoms[1]
- 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

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

[1]Presenting 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, pleurtic 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

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SUGGESTED READINGS

AIHA. (2006). *Chest Pain: Clinical practice guideline for primary health care physicians.*

ICSI. (2012). *Health Care Guideline: Diagnosis and treatment of chest pain and acute coronary syndrome (ACS).*

Swap, C. J., & Nagurney, J. T. (2005). Value and limitations of chest pain history in the evaluation of patients with suspected acute coronary syndromes. *JAMA, 294(20), 2623-2629.*

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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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