

Title	<b>CHEST PAIN</b>			Number	<b>CL30</b>
Effective From:	01.09.10	Duration:	No end date	Review:	01.04.26
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Other Ref:	<a href="#">NICE CG95 Chest Pain of Recent Onset</a>				
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## Version Control

(Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

<b>DATE</b>	<b>CHANGE</b>	<b>CHANGED BY</b>
22.05.19	Reviewed, minor update	FW
14.04.22	Reviewed. No change	SMcD
04.04.23	Reviewed, minor update	FW

## Introduction

Chest pain is a nonspecific symptom associated with a number of aetiologies. Patient's previous history, precise presentation, co-morbidities/ risk factors and associated symptoms are important in making a diagnosis. Some of the underlying causes are potentially fatal.

There are various classifications of chest pain such as “poorly localised” / “well localised”, “cardiac origin”/ non cardiac origin”, “potentially fatal/ potentially nonfatal” etc. Speed in diagnosis and management is as important as thoroughness in establishing diagnoses such as myocardial infarct, aortic dissection, pulmonary embolism and oesophageal rupture. Presentations may not always be classical.

Many serious cases of chest pain can be identified by a telephone clinical assessment. If the patient is seen face to face, measurement of BP, pulse, temperature, respiratory rate and oxygen saturation as well as an assessment of cardiopulmonary stability are important in diagnosing and formulating a management plan. Associated symptoms such as nausea, vomiting, sweating, breathlessness and poor peripheral perfusion should not be forgotten as possible markers of cardiac problems.

The following flow chart is intended to support clinical decision-making on referral and management out of hours.

