

CHEST PAIN

CRD-2 Protocol and Pathway - Cardiology Specialty (14/03/2011)

Patient presents

PATIENT HISTORY

1. Is this cardiac chest pain or non-cardiac chest pain?
2. What cardiovascular risk factors does this patient have?
3. Does he need an emergency admission?
4. If not cardiac, what else might it be?

INITIAL MANAGEMENT IN PRIMARY CARE

1. Careful and detailed history of the chest pain. And risk factors including family history
2. Thorough Examination of the cardiovascular system and other systems as indicated.
3. If no recent U&E or Fasting Lipids done do these.
4. If convinced that the pain is cardiac – consider ECG if available – and admit patient (if indicated) or refer to acute chest pain clinic urgently.
5. Always consider other causes of chest pain & investigate – treat appropriately.
6. Clear, detailed information to be included on referral form.

IF NO IMPROVEMENT OR MORE COMPLEX CARE NEEDED, THEN:

1. As above AND:
2. ECG if available.
3. Admit if acute – ensuring preliminary first aid acute cardiac treatment is given.
4. Intermediate care – ETT or other appropriate investigations as per service specification

ONWARD REFERRAL

Key

Patient presents

GP level intervention

Non-Primary Care

Red flag