CHEST PAIN: OFFICE EVALUATION

Transfer to ED if: Hemodynamic instability, resp. compromise, altered LOC OR ?CP emergency

Ambulatory Ddx: MSK>CVS>GE>resp>psych

ACS

RFs: DM, HTN, DLP, smoking, obesity, FHx, age, male

More likely if: pain to shoulder, R arm or both arms; diaphoresis, vomiting, S3, SBP<80, pulmonary crackles

Atypical presentation in: female, elderly, diabetics

CDR: score **0-1** → non-cardiac, **2-3** → need ECG +/- trop +/- referral for stress test; **4-5** → immediate trf to ED, give ASA

age/sex (female 65+, male 55+)	pt assumes pain is of cardiac origin
pain worse during exercise	
pain not reproducible by palpation	known vascular disease (CAD, PVD, cerebrovasc.)

PE

Wells criteria:

PE as likely or more likely than alt. dx (3)	Bedrest for 3/7 or surgery in past 4/52 (1.5)
clinical signs, sx DVT (3)	Hemptysis (1)
HR > 100 (1.5)	Malignancy (1)
Previous VTE (1.5)	

Score **>6**→ED for CT, Score **2-6**→ED for d-dimer+/-CT,
Score **0-1**, R/O PE if all PERC criteria below are negative

Age<50	No hemoptysis	No oral hormone use
HR<100	SpO2>94 RA	No unilat. leg swell
No prior VTE		No surg. or trauma w/in 4/52

Infxn

Pneumonia: T>37.8, RR>25, night sweats, myalgias, sputum all day (less likely if rhinorrhea or sore throat)

Anxiety

+ screen: yes to either Q:

In the past six months, did you ever have a spell or an attack when **1.** all of a sudden you felt frightened, anxious or very worried **OR** **2.** for no reason your heart suddenly began to race, you felt faint, or you couldn't catch your breath?

MSK

Positional, reproduced by palpation, well localized, not related to exertion

GERD

Assoc. w/ heartburn, regurg, relief w/ antacids (caution – does NOT r/o ACS in the ED). Dx/tx: therapeutic trial w/ PPI

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Key References: Yelland Med Clin N Am 94 (2010) 349-374
Ebell Am Fam Phys 83 (2011) 603-605