Non-Cardiac Chest Pain

The purpose is to provide a process for the assessment and management of chest pain of various non-ischemic sources. This protocol may be used in conjunction with other dysrhythmia protocols.

Assessment

1. FOR CHEST PAIN SECONDARY TO **PNEUMONIA:**
   A. Quality of pain:
      a. May be pleuritic
      b. Usually gradual onset
      c. Duration usually constant
   B. Associated symptoms and signs:
      a. Fever
      b. Shortness of breath
      c. Productive cough
      d. Rales, rhonchi, or diminished breath sounds (localized)
      e. Nausea and/or vomiting
      f. Associated flu-like symptoms
2. FOR CHEST PAIN SECONDARY TO **PULMONARY EMBOLUS:**
   A. Quality of pain:
      a. May be pleuritic
      b. Usually sudden onset
      c. Usually constant duration
   B. Associated symptoms and signs:
      a. Tachycardia
      b. Tachypnea
      c. Productive cough (may have blood tinged sputum)
      d. Shortness of breath
      e. Associated leg pain
   C. Risk Factors:
      a. Birth control pills
      b. Clotting disorders
      c. Pregnancy
      d. Recent surgery or extended travel
      e. Prolonged immobilization (including casts)
3. FOR CHEST PAIN SECONDARY TO **AORTIC DISSECTION:**
   A. Quality of pain:
      a. Usually sudden onset
      b. Usually constant duration
   B. History of aneurysm
   C. Associated symptoms and signs:
      a. Associated back pain
      b. Associated neurological signs
      c. Hypotension
      d. Unequal peripheral pulses

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General **Pre-Hospital Care Protocol**.
2. For chest pain associated potential cardiac ischemia go to **Chest Pain / Acute Coronary Syndrome Protocol**.
3. For chest pain associated with with inadequate perfusion, go to **Shock Protocol**

PARAMEDIC

4. Monitor EKG. **If a dysrhythmia** is present, go to the appropriate protocol.

Specific Management

1. Patient with CHEST PAIN SECONDARY TO PNEUMONIA:
   A. Transport patient in position of comfort.
   B. Refer to **Pain Management Procedure** as indicated**.**
   C. Contact Medical Control
2. Patient with CHEST SECONDARY TO PULMONARY EMBOLUS:
   A. Transport patient in position of comfort.
   B. Refer to **Pain Management Procedure** as indicated**.**
   C. Contact Medical Control
3. Patient with CHEST PAIN SECONDARY TO AORTIC DISSECTION:
   A. Start a second IV in a manner not to delay transport. Rate to be determined by patient's clinical condition.
   B. Refer to **Pain Management Procedure** as indicated**.**
   C. Contact Medical Control