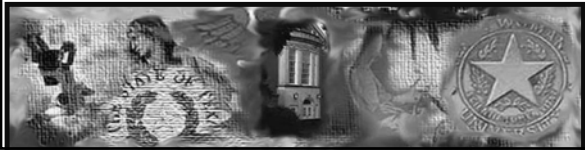


Chest Pain

Dr. Susan Chaney



Definition

- Chest pain is the sensory response to noxious stimuli caused by trauma or dysfunction of the chest wall, thoracic organs, or structures.
- Psychological disorders where no organic disease exists can cause chest pain.

2

Common Diagnoses

- Cardiac chest pain from ischemia, MI, and pericarditis
- Aortic chest pain
- Tracheal and pleural chest pain from tracheitis, pneumonia, pulmonary embolus
- GI chest pain as PUD
- IN tegumental, skeletal, and muscular chest pain
- Breast related chest pain as mastitis, breast disease
- Psychogenic chest pain such as panic attacks

3

EPIDEMIOLOGY

- Adolescents: usually MS or psychogenic
- Cardiac chest pain from CAD most likely males, older patients, postmenopausal females
- Immunocompromised patients or those with COPD are at risk for pneumonia
- Distention of the chest wall (pleurisy) due to inflammation, infection, neoplasm

4

CLINICAL PRESENTATION

- MS: variable, sharp, dull; may last a few seconds to several days
- Pleural: present as pain worsened by deep inspiration and coughing
- Cardiac: variable and may present as tightness, pressure, or burning of moderate to severe intensity
- GI: may mimic cardiac; burning after meals

5

Differential Diagnoses

- All conditions listed under epidemiology must be considered
- Age, sex of client, type of pain will assist in narrowing diagnosis



6

Diagnosis/Evaluation

- History
 - Length will depend on patient's clinical condition; if emergent such as suspected MI perform rapid history
 - determine pain onset, location, quality, relieving factors; aggravating factors
- Physical Examination



7

Diagnostic Tests

- EKG and serial cardiac isoenzyme tests for clients with suspected cardiac chest pain
- Chest x-ray for LV failure, chest trauma, or pulmonary disease cases
- Consider echocardiograms, exercise stress tests, radionuclide scans, coronary angiography for suspected cardiac disease

8

Diagnostic Tests

- CBC, UA, TSH, blood lipids
- Consider upper GI series and gastroscopy, or barium swallows for GI clients
- Consider gram stain of sputum for suspected pulmonary infections
- Consider pulse oximetry to assess oxygen saturation in suspected pulmonary problems

9

PLAN

- MS: treat with rest and NSAIDs; for costochondritis apply local heat
- Consult physician: suspected MI, or severe respiratory distress; hospitalization
- Treat underlying disease such as pulmonary or GI disease
- Pericarditis: aspirin, non-steroidal anti-inflammatory drugs; or corticosteroids

10

Management

- Relief of pain is based on etiology
- Manage pulmonary or GI clients depending on diagnosis
- Treat pulmonary infections such as pneumonia with appropriate antibiotic
- Psychogenic: reassurance
- Idiopathic: careful observation

11

Patient Education

- Avoid cardiac neurosis: explain to patient that the history and PE was normal
- Allow time for patient to ask questions and answer them
- Teach risk factors for pulmonary, cardiac, or GI disease and strategies to reduce risk factors

12

Follow Up

- Variable depending on diagnosis
- Variable depending on patient's condition

13

Chest Pain

THE END

