

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

## **MFR/EMT/SPECIALIST/PARAMEDIC**

### **Pre-Medical Control**

1. Follow General **Pre-Hospital Care Protocol**.
2. For chest pain associated potential cardiac ischemia go to **Chest Pain / Acute Coronary Syndrome**.
3. For chest pain associated with with inadequate perfusion, go to **Cardiogenic 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 Protocol** 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 Protocol** 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 Protocol** as indicated.
  - c. Contact Medical Control

**Michigan**  
**Adult Treatment Protocols**  
**NON-CARDIAC CHEST PAIN**

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Page 3 of 3

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