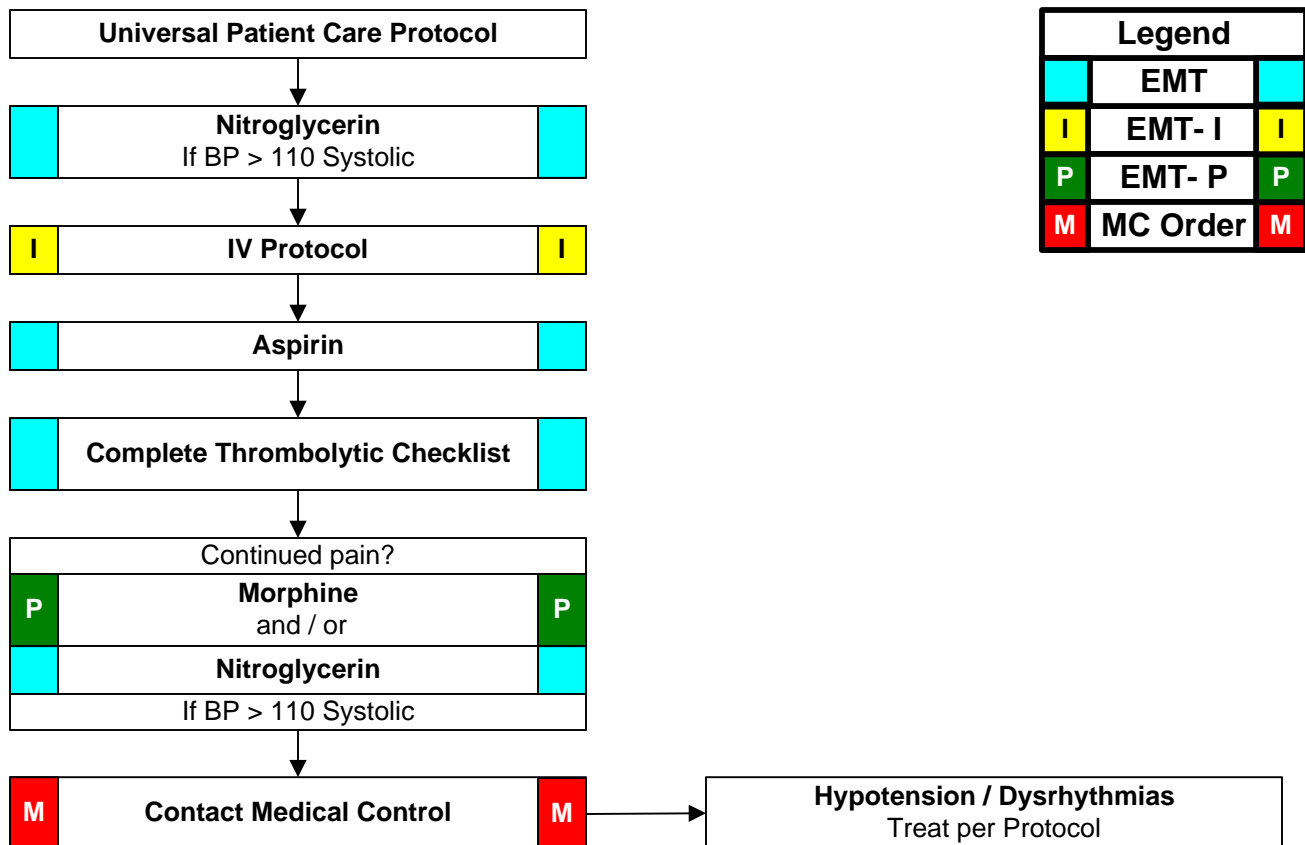




Chest Pain Suspected Cardiac Event



History: <ul style="list-style-type: none"> • Age • Medications • Viagra • Past medical history (MI, Angina, Diabetes) • Allergies (Morphine, Lidocaine) • Recent physical exertion • Onset • Palliation / Provocation • Quality (crampy, constant, sharp, dull, etc.) • Region / Radiation / Referred • Severity (1-10) • Time (duration / repetition) 	Signs and Symptoms: <ul style="list-style-type: none"> • CP (pain, pressure, aching, vice-like tightness) • Location (substernal, epigastric, arm, jaw, neck, shoulder) • Radiation of pain • Pale, diaphoresis • Shortness of breath • Nausea, vomiting, dizziness 	Differential: <ul style="list-style-type: none"> • Trauma vs. Medical • Angina vs. Myocardial infarction • Pericarditis • Pulmonary embolism • Asthma / COPD • Pneumothorax • Aortic dissection or aneurysm • GE reflux or Hiatal hernia • Esophageal spasm • Chest wall injury or pain • Pleural pain
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Pearls: <ul style="list-style-type: none"> • Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro • Avoid Nitroglycerin in any patient who has used Viagra in the past 24 hours due to potential severe hypotension. • If patient has taken nitroglycerin without relief, consider potency of the medication. • If positive ECG changes, establish a second IV while en route to the hospital. • Monitor for hypotension after administration of nitroglycerin and morphine. • Nitroglycerin and Morphine may be repeated per dosing guidelines in Drug List. • Diabetics and geriatric patients often have atypical pain, or only generalized complaints.
