

Chest Pain



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Casualty Care Course 2012

Causes

- o Heart Attack
 - o Angina
 - o Indigestion
 - o Chest Trauma
 - o Pleurisy
-
- o Most important to recognise is MI!

Factors

- o Male
 - o Smokers
 - o Unfit
 - o Angina
-
- o Heart requires more oxygen during exercise

Presentation

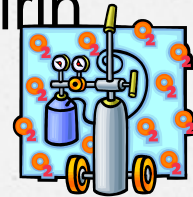
- o “Crushing” pain behind sternum
- o Radiates down left arm, & into jaw
- o Shortness of breath
- o Sweaty & clammy
- o Nausea/ vomiting
- o Pale
- o Feel like “about to die”
- o Does not settle with rest or GTN
- o Pulse slow or fast
- o Silent MI



- o Notoriously difficult to diagnose with certainty (indigestion)
- o Quiet & efficient assessment – patient often distressed
- o Helicopter if possible
- o Treat all cases of chest pain as suspected MI

Management

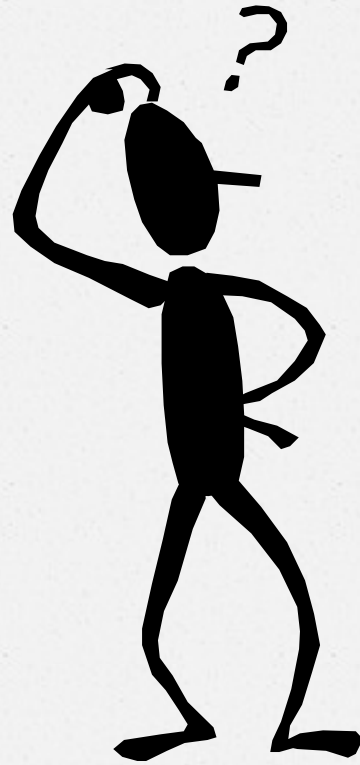
- Monitor pulse, respiratory rate, colour, pain, blood pressure, pulse oximetry, ?ECG
- Patient may be more comfortable sat up
- Reassure patient
- MONA: Oxygen, GTN (nitrates), Aspirin 300mg, Morphine 10-15mgs
- Casualty may arrest at any time!



Further Management

- Continue to monitor and record
- Urgent Evacuation
- Do not allow casualty to exert themselves
- If patient has cardiac arrest: A-B-C
- High percentage of patients die at onset of MI

Questions



Chest Pain The End



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