CHEST PAIN REFERRAL GUIDELINE

For more information or referral questions, contact your local cardiology practice. For a complete listing, visit mainehealth.org/services/cardiovascular/service-locations

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Are any of the following present?

Ongoing chest pain after 3 nitroglycerine

Diaphoretic

Hypotensive

Abnormal EKG

Symptoms at rest or awakened from sleep

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Are any of the following present?

Chest pain on exertion that is relieved by rest

Change in chest pain pattern in known cardiac patient

Chest pain with exertion that is relieved with rest

Cardiac risk factor(s)

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Are any of the following present?

Recent injury and pain increases with movement

Pain occurs with movement

Pain occurs with deep breathing

Pain occurs when pressure is applied to the area

Fever cough, congestion

No cardiac risk factors

These features suggest a low risk of cardiac disease; please consider other causes that may be potentially serious

SUGGESTED PREVISIT WORKUP

Seek emergent consultation and or 911

SUGGESTED WORKUP

Seek consultation

EKG

Consider echo

Stress test

Chest X-ray

SUGGESTED MANAGEMENT

Seek non cardiac causes

Consider Chest X-ray, echocardiogram, D-dimer blood level

CLINICAL PEARLS



A department of Maine Medical Center

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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