CHEST PAIN DIFFERENTAL

Escambia County, Florida - ALS/BLS Medical Protocol

	MYOCARDIAL INFARCTION	ANGINA PECTORIS	DISSECTING ANEURYSM	PERICARDITIS	PEPTIC ULCER
ONSET	Usually sudden	Exertional / Emotional	Acute	Subacute	Acute / Subacute
QUALITY	Crushing, Heaviness, Dull, Pressure, Band-like, Constricting, Squeezing, Burning, Bursting	Discomfort, Choking, Pressing, Squeezing, Strangling, Constricting, Bursting, Burning	Deep tearing, Shearing, "Knife-like"	Sharp	Buring
LOCATION	Substernal, may vary	Substernal	Substernal	Substernal, more left sided	Epigastric, Substernal
RADIATION	Across, mid-thorax, anterior, arms, shoulder, neck, jaw, teeth, fingers	Same as MI	Back lumbar region	Usually none, occasionally tip of shoulder, neck, flank	Occasionally back
DURATION	Usually > 30 minutes	5-15 minutes	Hours	Hours	Hours
PROVOCATION	Usually none, see comments	Exercise, Excitement, Stress, Cold, Meals	None	Worsened: lying, down, breathing, swallowing, coughing, twisting	Alcohol, lack of food, acid foods
ALLEVIATION	None	Rest, NTG	None	Tripod position, shallow respirations	Antacids, Food
COMMENTS	After heavy meals, severe emotional stress, S/S: SOB, N&V, pallor, diaphoresis, impending doom, elderly - atypical	May be nocturnal	Sudden onset, may subside spontaneously or be associated with paralysis	May be associated with URI, flu, Pronestyl, Hydralazine, lupus; MAY BE FEBRILE	ASA, NSAID's, eg. Voltaren, Feldene, Naprosyn, Motrin, Advil, may trigger

Approved by:

Charles Neal, D.O. Medical Director

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	PANCREAT-ITIS	ESOPHAGEAL RUPTURE	PULMONARY EMBOLISM	ESOPHAGEAL SPASM	COSTO-CHONDRITIS
ONSET	Acute / Subacute	Acute	Sudden or Gradual	Subacute	Sudden or Gradual
QUALITY	Severe or Dull	Severe	Sharp or Dull	Dull, Pressure, Colicky	Sharp, Superficial
LOCATION	Epigastric	Retrosternal	Multiple	Substernal, Epigastric	Anterior / lateral costochondral junction
RADIATION	Back	Lateral	None	Jaw, Either arm	None
DURATION	Hours	Hours	Variable	5 - 60 Minutes	Variable
PROVOCA-TION	Alcohol, trauma, gall bladder disease	Swallowing	Respirations, Cough	Spontaneous, Cold liquids, Recumbency	Movement, Palpation, Cough, Respirations
ALLEVIATION	Time	None	None	Antacids, Occasionally NTG	Time, Heat, Analgesia
COMMENTS	May be viral - eg. Mumps	Alcoholics with forceful vomiting; associated with pleural effusion, shock and hydro-pneumothorax	May have hemoptysis, signs of peripheral phlebitis, cough and fever	Mimics angina, may occur after meals, at night with an acid taste, sensation-linear	Signs and symptoms: Fever, Cough, URI

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	CERVICAL DISK	ANXIETY	PNEUMONIA	PNEUMO-THORAX	PLEURISY	GALL BLADDER
ONSET	Subacute / Acute	Subacute	Slow	Sudden	Subacute	Acute / Subacute
QUALITY	Superficial	Occasionally sharp, may be heavy or pressure-like	Sharp or Dull Ache	Sharp	Sharp	Spasms, Colicky, may wax and wane
LOCATION	Arm / Neck	Varies in chest, Substernal	Frequently lateral or substernal	Lateral	Lateral	Right upper quadrant
RADIATION	Along course of nerve being irritated	Usually none	None	None	None	Epigastric, Substernal, Right thoracic, Interscapular
DURATION	Variable	2 - 3 Minutes	Variable	Variable	Variable	Hours
PROVOCA-TION	Motion of head, neck palpation, bending	Emotions, Tachypnea	Respirations, Cough	Respirations, Cough	Respirations, Cough	Spontaneous or with food
ALLEVA-TION	Time, Analgesics	Stimulus removal, Relaxation	None	None (shallow breathing)	Shallow breathing	Time Analgesics
COMMENTS	Not relieved by rest	Paraesthesia-Facial, Circumoral, Finger or Toe, Spasms	Signs and Symptoms: Fever, Cough, URI	More common in tall, thin people	Usually associated with flu-like symptoms	1 - 2 hours after meals, Usually nausea and vomiting

Approved by:

Charles Neal, D.O. Medical Director