

# Chest pain

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## Rationale

Chest pain is a very common clinical presentation with a spectrum of underlying causes ranging from benign to life-threatening.

## Causal Conditions

(list not exhaustive)

- Cardiovascular
  - a. Ischemic
    - Acute coronary syndromes
    - Stable angina pectoris
  - b. Nonischemic
    - Aortic aneurysm
    - Pericarditis
- Pulmonary or mediastinal
  - a. Pulmonary embolus or pulmonary infarction
  - b. Pleuritis
  - c. Pneumothorax
  - d. Malignancy
- Gastrointestinal
  - a. Esophageal spasm or esophagitis

- b. Peptic ulcer disease
  - c. Mallory-Weiss syndrome
  - d. Biliary disease or pancreatitis
- Musculoskeletal (e.g., costochondritis)
  - Psychiatric (e.g., anxiety disorders)

## Key Objectives

Given a patient with chest pain, the candidate will diagnose the cause and severity, with particular attention to excluding life-threatening diagnoses.

## Enabling Objectives

Given a patient with chest pain, the candidate will

- perform an initial assessment (e.g., ABCs) to determine the urgency of the presentation and need for emergent management;
- list and interpret critical clinical findings by obtaining a history and performing a physical examination that aids in
  - a. differentiating cardiac from noncardiac pain; and
  - b. identifying cardiac risk factors;
- list and interpret critical investigations, including
  - a. electrocardiograms (ECGs), chest radiographs, and appropriate laboratory tests; and
  - b. identifying, as appropriate, patients for additional investigations (e.g., stress testing, imaging); and
- construct an effective initial management plan, including
  - a. determining urgency of clinical condition;
  - b. initiating appropriate therapies in urgent situations (e.g., acute coronary syndrome, aortic dissection, pulmonary embolism, spontaneous pneumothorax);
  - c. referring for urgent specialized care as required; and
  - d. initiating secondary preventive strategies as indicated.