

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.