

Chest Pain Work-up Guide

Developed by Participating OPA Cardiologists in the OPA Chest Pain Management Variation Analysis Group



CRITERIA:

Sub-Sternal Chest Pain

Constricting discomfort, pain, pressure, tightness or other discomfort originating in or, radiating beneath or below the sternum, in the front of the chest, or the neck, shoulders, jaw or arms.

Exertional Chest Pain

Constricting discomfort, pain, pressure, tightness or other discomfort originating in or radiating beneath or below the sternum, in the front of the chest, or the neck, shoulders, jaw or arms precipitated by physical exertion.

Chest Pain Relieved with Rest

Pain, pressure, tightness or other discomfort originating in or radiating to the chest that is relieved by rest or nitroglycerin within about (5) five minutes.

INTERPRETATION — Likelihood of coronary artery disease (CAD) **NOT** the likelihood of a cardiac event.

Developed by Diamond and Forrester

Typical Angina - 3 criteria from above:			
Age	Sex	Risk for obstructive CAD	
30-39	Male	76%	Intermediate
	Female	26%	Intermediate
40-49	Male	87%	High
	Female	55%	Intermediate
50-59	Male	93%	High
	Female	73%	Intermediate
60-69	Male	94%	High
	Female	86%	High
Atypical Angina – 2 criteria from above			
Age	Sex	Risk for obstructive CAD	
30-39	Male	34%	Intermediate
	Female	12%	Low
40-49	Male	51%	Intermediate
	Female	22%	Low
50-59	Male	65%	Intermediate
	Female	31%	Intermediate
60-69	Male	72%	Intermediate
	Female	51%	Intermediate
Non-Anginal Chest Pain – 1 criterion from above			
Age	Sex	Risk for obstructive CAD	
30-39	Male	4%	Low
	Female	2%	Low
40-49	Male	13%	Intermediate
	Female	3%	Low
50-59	Male	20%	Intermediate
	Female	7%	Low
60-69	Male	27%	Intermediate
	Female	14%	Intermediate
No criteria present:			
Risk is low to very low for both men and women			

APPLICATION — NOTE: Complete an EKG at the time of the assessment

Relied upon the OPA Cardiologists to create this application table using current dated research and most relevant relied upon sources

Low risk of CAD : Avoid stress testing (high risk of false positives)
<ul style="list-style-type: none"> ◆ If unable to determine non-cardiac etiology, consider referral to Cardiologist ◆ Follow up with PCP in 24-48 hours
Intermediate risk of CAD : Stress Testing – Be mindful of radiation exposure history.
<ul style="list-style-type: none"> ◆ Exercise Stress Test is first-line for most men and women if normal baseline EKG ◆ Stress Imaging (Nuclear or ECHO) test if abnormal baseline EKG (ST segment abnormality, LBBB, paced rhythm, or AFib), prior revascularization, taking digoxin, or h/o Diabetes Mellitus. If readily available consider CT angiography ◆ Pharmacologic Stress Test if unable to exercise . If readily available consider CT angiography ◆ Consider phone consult with a Cardiologist to help determine which of the above would be the most appropriate stress test for your patient
High risk of CAD: Call Cardiology to arrange consult ASAP; consider coronary angiogram.

Additional resources: Download free “Cardiac Stress Test” app available at the Apple app Store

References: Diamond (1979) N Engl J Med 300 (24):1350-8 {PubMed}

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