

MANAGEMENT OF CHEST PAIN - NICE GUIDANCE MARCH 2010

What is considered typical angina pain?

NICE defines this as:

- Constricting discomfort/pain in front of chest/neck/shoulders/jaw/arms.
- Precipitated by exertion.
- Relieved by rest or GTN within 5 minutes

Typical angina: all 3 of the above features

Atypical angina: 2 out of 3 of above

Non-anginal: none or only 1 of above

Unlikely to be stable angina when:

- continuous/very prolonged
- unrelated to activity
- pleuritic
- assoc with dizziness/palpitation/tingling/difficulty swallowing

NEW ONSET CHEST PAIN

IN PAIN NOW:

ADMIT:

Recuss - 02 [maintain sats at 94-98% unless risk of hypercapnic respiratory failure in which case 88-92%]

Aspirin 300mg

GTN

Do ECG

NO PAIN NOW:

According to NICE:

- Admit:
 - Pain in last 12hours and ECG abnormal/unavail
 - COMPLICATIONS [like pulmonary oedema]
- "Same day assessment"
 - If pain in last 12hours and ECG normal
 - Chest pain 12-72 hours ago
- if no pain in last 72hours then assess ECG and troponin and need for admission, serial ECG and repeat troponin levels

REALISTICALLY SAME DAY ASSESSMENT MEANS A&E AND THIS DISTINCTION OF WHETHER THE INITIAL ECG IS NORMAL/ABNORMAL IS ARBITRARY AS A NORMAL ECG DOES NOT EXCLUDE ACUTE CORONARY SYNDROME

INTERMITTENT STABLE CHEST PAIN

- Exclude other diagnoses aortic stenosis, cardiomyopathy
- If known coronary artery disease [previous MI/revascularization/abnormal angiography]
 - No need for further tests: treat as stable angina if high certainty it is cardiac
 - Otherwise send for further tests – exercise ECG etc, stress echo
- Do ECG: If decide >90% certainty its cardiac no further tests needed treat as stable angina
 - if likelihood is 10-90% send for further tests
 - if <10% consider non-cardiac differential

For stable angina advise: If you get angina pain you should stop whatever you are doing and sit down. If the first GTN does not relieve the pain after 5 minutes, you should repeat the dose, and again at 10 minutes. If you still have angina pain after 15 minutes, call ambulance.

SUMMARY:

- if still in pain or pain free currently but pain was within 12 hours – ADMIT – give aspirin, O₂, GTN
- if pain free and pain was within 72 hours still ADMIT
- if >72 hours do ECG, trop T – consider b blocker, ACE, statin etc

AND IF YOU THINK THIS IS STABLE ANGINA YOU CAN START TREATMENT WITHOUT SENDING FOR FURTHER INVESTIGATIONS