Chest Pain Protocol: Adults aged 18 and over



This protocol should be read alongside the Consent to Examination or Treatment Policy.

Patient presents with chest pain or is observed to have chest pain



Allow the patient to adopt a comfortable position (usually this is seated, in an upright position)



Perform an ABCDE assessment of the patient Record physiological observations and NEWS

Administer emergency oxygen at a flow rate of 15 litres/minute via a non-rebreather face mask if oxygen saturations are <94% [<88% for patients with type II respiratory failure]

Assess for 'Red Flags'



If 'Red Flags' are identified
Call (9)999 for an emergency ambulance
Ensure any further clinical monitoring/intervention is
continued as directed by the Doctor/Physical Healthcare
Practitioner

If instructed (and tolerated by the patient), perform a 12 lead ECG. Continue to monitor physiological observations via the NEWS chart. Any new signs/symptoms should also be reported.



If no 'Red Flags' are identified Request immediate medical advice/assessment from a Doctor or Physical Healthcare Practitioner Advise of any treatment administered (including dose and time)

Medical advice/assessment may still result in the patient requiring transfer to an Acute Hospital for further review. Arrange an ambulance as directed



UNLESS THERE IS AN ABSOLUTE CONTRA-INDICATION*: administer Aspirin 300 mg orally, dissolved in water, crushed or chewed. One dose only * history of anaphylaxis with aspirin, active peptic ulceration, bleeding disorder, haemophilia

AND administer GTN spray 400 micrograms per metered dose

(N.B. available in emergency drug bag, if personal supply not available)

1 or 2 sprays under the tongue

Dose of GTN spray may be repeated after 5 minutes if pain has not subsided, and systolic blood pressure is >90 mmHg

If pain not subsided after 2 doses treat as 'Red Flag'

If GTN is not prescribed continue to follow the protocol

DO NOT ADMINISTER GTN spray if:

- Patient has already self-administered
- Systolic BP is known or suspected to be <90mmHg
- Patient has suffered head trauma

Record the administration of GTN and/or aspirin on the electronic patient record and ensure the Ambulance Crew (if in attendance) are made aware that aspirin and/or GTN has been administered

RED FLAGS (indication that myocardial infarction is more likely)

History of a previous heart attack or cardiac arrest

Crushing, vice-like chest pain

Chest tightness, heaviness, dull ache or burning

Pain radiating to arms, jaw, neck or to the back

Partial or total collapsed state

Any loss of consciousness Shortness of breath or breathing difficulties

Rapid shallow breathing Cyanosis (blue lips, fingers)

Pale, clammy skin Profuse sweating Nausea and/or vomiting
Penetrating chest injury

Any previous chest or lung surgery

Changes in cognitive function and/or ability

Unusual behaviour, drowsiness/confusion and/or agitation

A history of bleeding or clotting disorders

Currently prescribed anticoagulant medication*

Drug and/or alcohol intoxication

Clinical concern from staff

Clinical deterioration as observed by staff or as evidenced

from blood pressure or pulse readings

NOTE: If a patient with chest pain is intoxicated (drugs or alcohol) – CONTINUE TO TREAT AS PER PROTOCOL

Ref: CLIN-0021-001-v3 Page 1 of 1 Approved: 22nd May 2025 (D&T committee)
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^{*} warfarin, apixaban, dabigatran etexilate, edoxaban, rivaroxaban, dalteparin, enoxaparin, tinzaparin, heparin