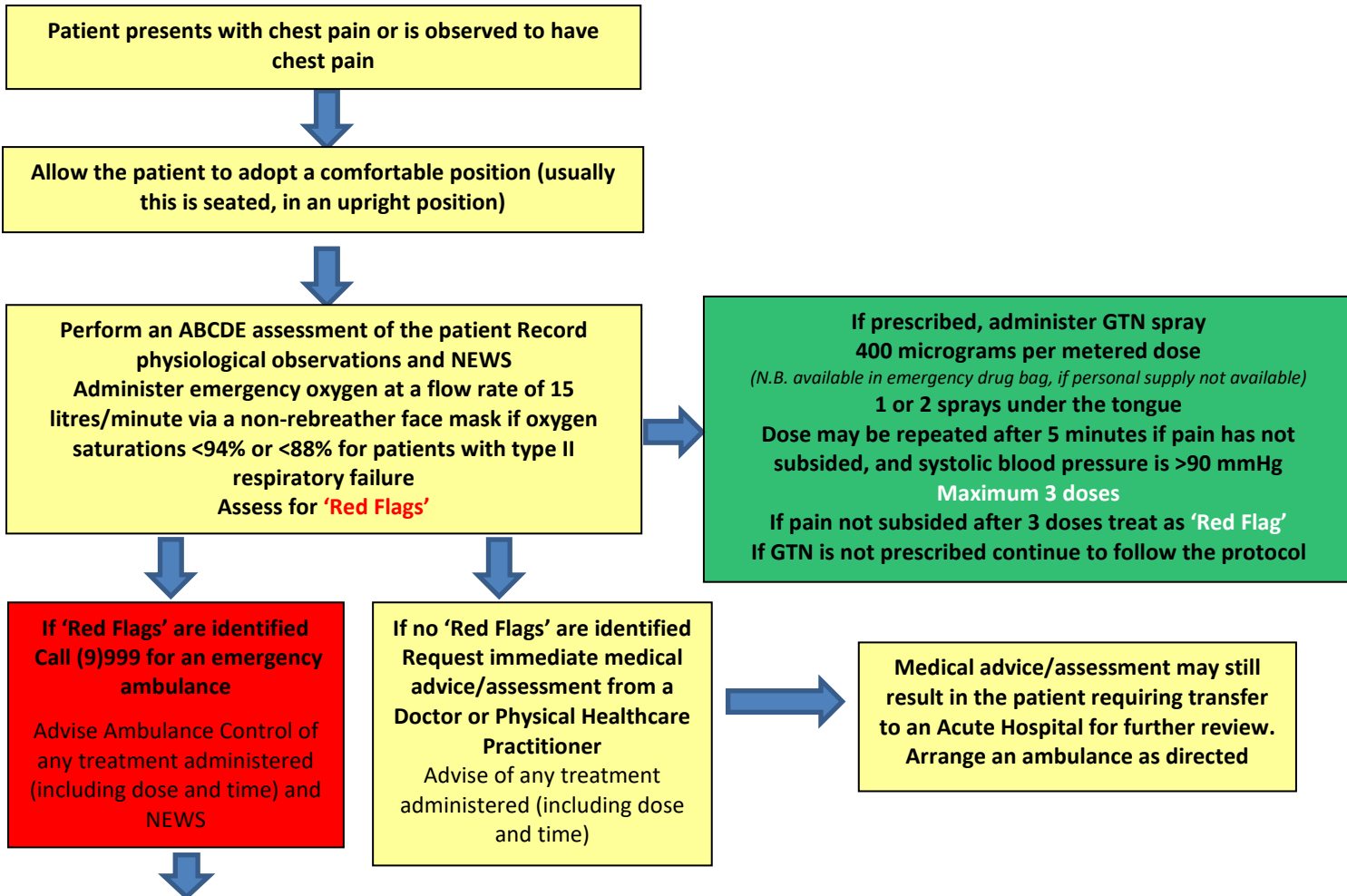


# Chest Pain Protocol: Adults aged 18 and over CLIN-0021-001-v2

This protocol should be read alongside the [Consent to Examination or Treatment Policy](#).



**Only if instructed by Ambulance Control OR by a Doctor/Physical Healthcare Practitioner, administer Aspirin 300 mg orally, dissolved in water, crushed or chewed. One dose only**  
**Only if instructed by Ambulance Control OR by a Doctor/Physical Healthcare Practitioner, administer GTN spray 400 micrograms per metered dose sublingual.** *(N.B. available in emergency drug bag)*

- Inpatients: - verbal order to be recorded on "Remote orders" section of prescription chart; if prescribed, to be written on "Once only" section of chart
- Community teams: - verbal order to be recorded on electronic patient record

Ensure the Ambulance Crew (if in attendance) are made aware that aspirin and/or GTN has been administered

**Any episodes of chest pain must be communicated at "handover" and discussed at the next "Report Out"**

**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**

## RED FLAGS

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

\* warfarin, apixaban, dabigatran etexilate, edoxaban, rivaroxaban, dalteparin, enoxaparin, tinzaparin, heparin

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