Assessing Chest Pain

Problem

Chest pain is a common complaint among adult patients and a major reason for visits to the emergency department. However, not all chest pains are related to ischemic cardiac disease. Nurses should be able to assess chest pain and associated symptoms and be able to direct the patient to appropriate interventions and care.

Consequence

Failure to correctly assess chest pain may lead to incorrect diagnosis and treatments, and/or delay in treating a serious heart condition.

Solution

Here are some suggestions on what to watch for and how to assess chest pain.

- Not all chest pains are related to ischemic cardiac disease.
- Chest pain can be related to the gastrointestinal (GI) tract; these conditions may be more easily treated.
- If in doubt, have the patient with chest pains evaluated immediately and more thoroughly in person at the doctor’s office or emergency department.
- Patients can experience chest pain because of a number of GI causes including esophagitis, gastritis, peptic ulcer disease, cholecystitis and renal colic.
- The patient may also experience chest pain from cardiovascular conditions like aortic aneurysms and pulmonary conditions like pneumonia, pleurisy and chest wall disorders.
- Recognizing the differences can assist the nurse in helping patients seek out appropriate and timely care.
- Here are the typical symptoms for cardiac related chest pain:
  - There are often a number of associated symptoms including diaphoresis, shortness of breath and nausea.
• Patients often describe cardiac pain as pressure like and radiating to the arm, shoulder and neck; it is not worsened with pressure to the chest wall and may be relieved with rest.

• Additional diagnostic testing including an electrocardiogram and cardiac enzymes may be necessary for a correct diagnosis.

• Pain related to the GI tract has these symptoms:
  
  ▪ Pain may also have associated symptoms like nausea and diaphoresis.
  
  ▪ Pain is often described as colicky or crampy and is more likely to radiate to the shoulder blades.
  
  ▪ There may be associated belching or a sour taste in the back of the mouth from reflux.
  
  ▪ The condition may be made better or worse depending upon the patient’s position.
  
  ▪ The condition may be relieved with antacids, H2 blockers or antireflux medications.

• Overall, the type of pain and associated symptoms can assist the nurse to help the patient seek appropriate health care.

References

*Avoiding Common Nursing Errors*, Lisa Marcucci, MD, Editor, Lippincott Williams and Wilkins, 2010