

## **Chest Pain Care Map: New Onset for Inpatients in Regional Centres**

## **INSTRUCTIONS FOR USE:**

- Use this document on all inpatient units when a patient complains of new onset chest pain or when chest pain differs from
  patient's usual description. NB: All interventions to be consistent with the patient's goal of care.
- Document findings along with interventions on the Vital Signs Sheet.
- o Document all medications administered on the Medication Administration Record (MAR).
- o Insert **Time** and **Initials** to indicate that each point has been considered.
- This document is part of the patient record

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	RESPONSE TO NEW ONSET OF CHEST PAIN FOR INPATIENTS	Time	Initials
	Assess and describe chest pain in relation to PQRST:		•
	Provocation (what preceded the event);		
	Quality (e.g., sharp, dull, stabbing);		•
	Radiating (is it only in 1 area or also present in areas such as neck, arms, etc.);		•
	Severity, using a pain scale of 1-10;		•
	Timing (time of onset and how long has it lasted).		•
	Obtain vital signs and O2 Saturation (repeat every 15 minutes $\times$ 4; then every 30 minutes $\times$ 2; then		
	every 1 hour $\times$ 4 or more frequent if patient remains symptomatic).		•
	Call for STAT 12/15 lead ECG (goal is to have it done within 10 minutes of new onset chest pain).		
	Notify physician.		•
	If the attending Physician is not available to read the ECG within 5 minutes, please have the		
	Emergency Physician interpret the ECG.		•
	If no allergy to ASA or recent GI bleed, ensure that a total dose of ASA taken within the last 24 hrs. =		•
	160 mg		
	Amount of ASA given orally to chew and swallow × 1 Dosemg (document on MARS).		•
	Provide Supplemental oxygen therapy if Sp0 <sub>2</sub> saturation less than 90% on room air.		
	Start O <sub>2</sub> and titrate up to achieve and maintain the SpO <sub>2</sub> saturation at 90% or above		•
	Establish patent IV access if needed.		
(1) \$ (2) <b>I</b> (3) <b>I</b> (4) <b>I</b>	ly AFTER ECG is analyzed and IV in SITU, and only if: Systolic blood pressure greater than 90mmHg, Pulse greater than 50 beats/min; No marked tachycardia; No inferior wall MI and/or RV infarction; and No recent use of phosphodiesterase. These include: Viagra or Revatio (Sildenafil) or Levitra (Vardenafil) within last 24 hrs. OR Cialis or Adcirca (Tadalafil) within last 48 hrs. If yes, DO NOT give nitro.		
	Assess need for Nitroglycerin; if indicated, give 0.4mg spray as needed every 5 minutes up to 3 doses for chest pain  ➤ NB: Monitor BP closely between doses and after; notify physician if systolic drops below 90 mmHg  ➤ If given, document on MARS.		
	Lab work: if ordered by the physician		
	CBC, Na, K, Cl, Ca, Mg, PO <sub>4</sub> , urea, creatinine, glucose, troponin, CO <sub>2</sub> , INR, PTT		ı
	Portable chest x-ray if ordered by physician.		
	Patient disposition:		
	•		

Nurse's Signature:	Date/Time: