






# Chest pain

Chest pain has multiple possible causes, ranging from trivial to life-threatening. GP registrars are likely to have seen many patients presenting with chest pain in the ED setting, but the epidemiology and approach to chest pain in general practice is significantly different. As a high risk presentation, supervisors must ensure that registrars have a safe approach to the assessment and management of chest pain.

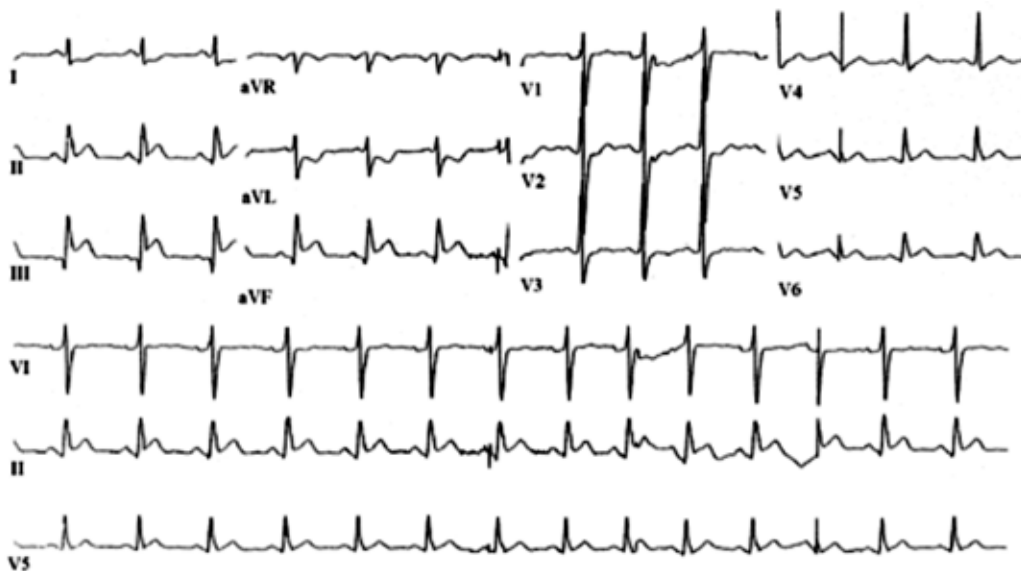
<b>TEACHING AND LEARNING AREAS</b> 	<ul style="list-style-type: none"> <li>• Common and serious causes of chest pain in general practice</li> <li>• Key diagnostic features on history and examination</li> <li>• Judicious and appropriate use of <a href="#">investigations</a>, including the use of <a href="#">troponin testing in general practice</a></li> <li>• ECG interpretation (a common question in the Fellowship exams!)</li> <li>• Emergency management of acute coronary syndrome, including review of the emergency trolley and defibrillator, and protocol for calling for help</li> <li>• Management of non-ischaemic causes of chest pain</li> <li>• Indications and pathways for referral</li> </ul>		
<b>PRE- SESSION ACTIVITIES</b> 	<ul style="list-style-type: none"> <li>• Read 2018 AJGP article <a href="#">The assessment and management of chest pain in primary care: A focus on acute coronary syndrome</a></li> </ul>		
<b>TEACHING TIPS AND TRAPS</b> 	<ul style="list-style-type: none"> <li>• Chest pain is due to ischaemia until proven otherwise</li> <li>• Musculoskeletal and psychogenic causes of chest pain are common in general practice</li> <li>• Don't forget pulmonary embolism and aortic dissection as important differential diagnoses</li> <li>• A good history is the best investigation!</li> <li>• Don't be reassured by a normal ECG</li> <li>• Registrar to observe/undertake an ECG being done</li> </ul>		
<b>RESOURCES</b> 	<table border="1"> <tr> <td data-bbox="341 1592 435 1821"><b>Read</b></td><td data-bbox="435 1592 1498 1821"> <ul style="list-style-type: none"> <li>• MJA article (2013) - <a href="#">The approach to patients with possible cardiac chest pain</a></li> <li>• 2012 RACGP AFP article - <a href="#">Musculoskeletal chest wall pain</a></li> <li>• 2016 National Heart Foundation - <a href="#">Guidelines for the management of acute coronary syndromes 2016</a></li> </ul> </td></tr> </table>	<b>Read</b>	<ul style="list-style-type: none"> <li>• MJA article (2013) - <a href="#">The approach to patients with possible cardiac chest pain</a></li> <li>• 2012 RACGP AFP article - <a href="#">Musculoskeletal chest wall pain</a></li> <li>• 2016 National Heart Foundation - <a href="#">Guidelines for the management of acute coronary syndromes 2016</a></li> </ul>
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<b>FOLLOW UP/ EXTENSION ACTIVITIES</b> 	<ul style="list-style-type: none"> <li>• Registrar to complete the clinical reasoning challenge and discuss with supervisor</li> </ul>		

# Chest pain

## Clinical Reasoning Challenge

Gary is a 71-year-old retired greenkeeper who is well known to you with a past history of well controlled hypertension. He presents to you with a few weeks history of vague chest discomfort, especially when walking uphill while playing golf. Today, he says that the pain came on during his morning walk and has persisted for the past 90 minutes.

You perform an ECG which is shown below.



QUESTION 1. What is the MOST LIKELY diagnosis?

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QUESTION 2. What is the MOST IMPORTANT immediate management? List up to SEVEN initial management steps.

- 1 

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- 2 

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- 3 

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- 4 

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- 5 

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- 6 

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- 7 

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# Chest pain

## ANSWERS

### QUESTION 1

What is the MOST LIKELY diagnosis?

- The most likely diagnosis is an inferior ST elevation acute myocardial infarction (STEMI)

### QUESTION 2

What is the MOST IMPORTANT immediate management?

- Call for help
- Call an ambulance
- Establish IV access
- Glyceryl trinitrate
- Morphine if pain not settled
- Aspirin 300mg
- Monitor BP

The 2016 NHF guidelines do not recommend the routine use of oxygen unless the patient is hypoxic.