

Chest Pain

What do We have to Know and What do
We have to do

Chest Pain

What do we have to know?

- Causes
 - Cardiac
 - Non- cardiac
 - GI. GERD, Esophageal rupture
 - Musculoskeletal
 - Aortic dissection
 - Pulmonary embolism

Chest Pain

- Characteristics
 - Cardiac
 - Discomfort rather than pain.
 - The discomfort may be a pressure, heaviness, tightness, fullness, or squeezing. Ischemia is less likely if the discomfort is knifelike, sharp, pleuritic, or positional.
 - The classic location is substernal or in the left chest, and radiation to the arm, neck, jaw, back, abdomen, or shoulders may occur. Pain that radiates to the shoulders or occurs with exertion significantly increases the relative risk for ACS
 - Atypical cardiac chest pain
 - No cardiac
 - GI
 - Musculoskeletal: Reproducible
 - Aortic dissection: Back pain, very severe
 - Pulmonary embolism: Tachycardia and shortness of breath
- Associated symptoms
 - Shortness of Breath
 - Diaphoresis
 - Nausea and vomiting

Chest Pain

What do we have to do?



If cardiac chest pain confirmed

- Stable Angina
 - Medical treatment vs PCI ??
- Unstable Angina, NSTEMI and STEMI
 - Cardiac biomarkers
 - ECG changes
 - Treatment choices

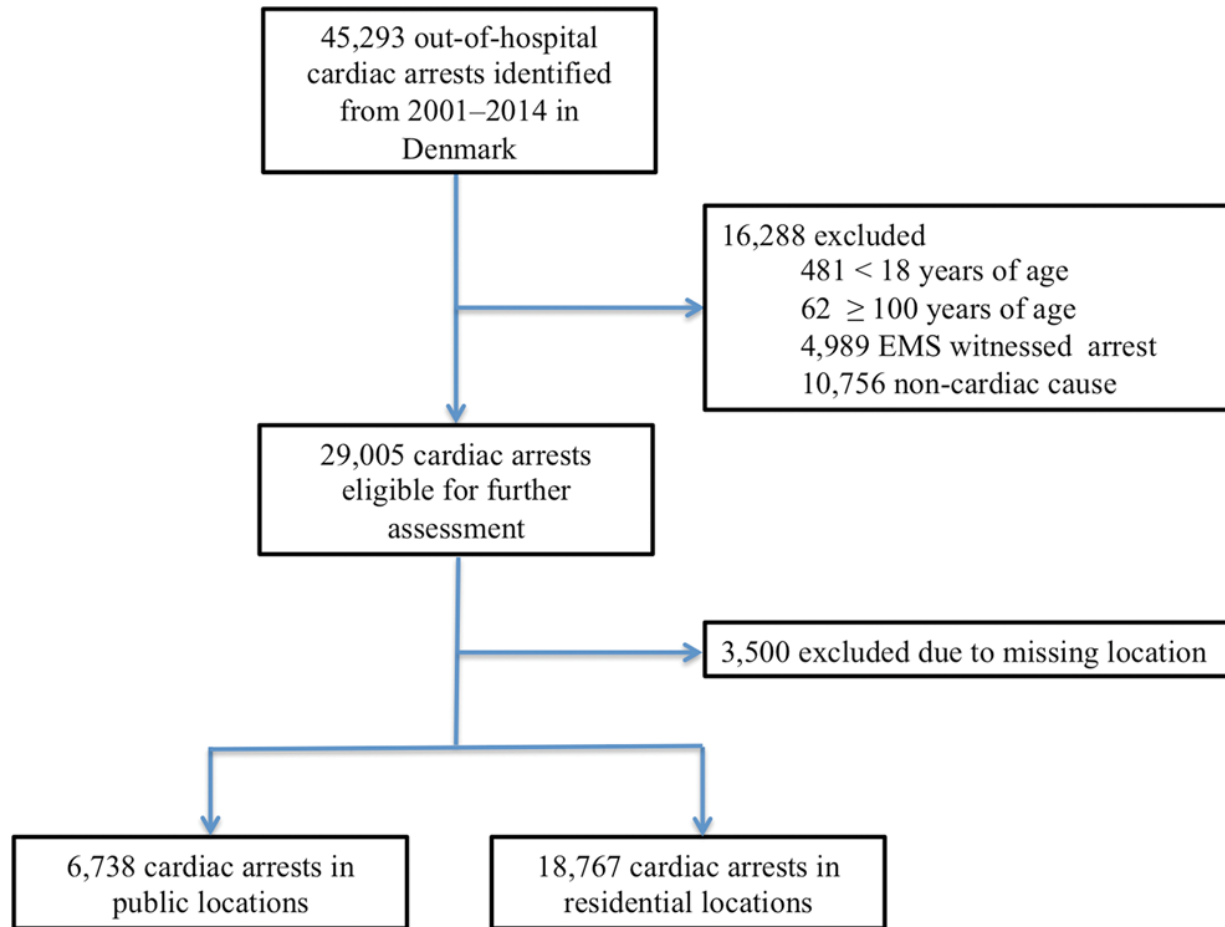


A few more things

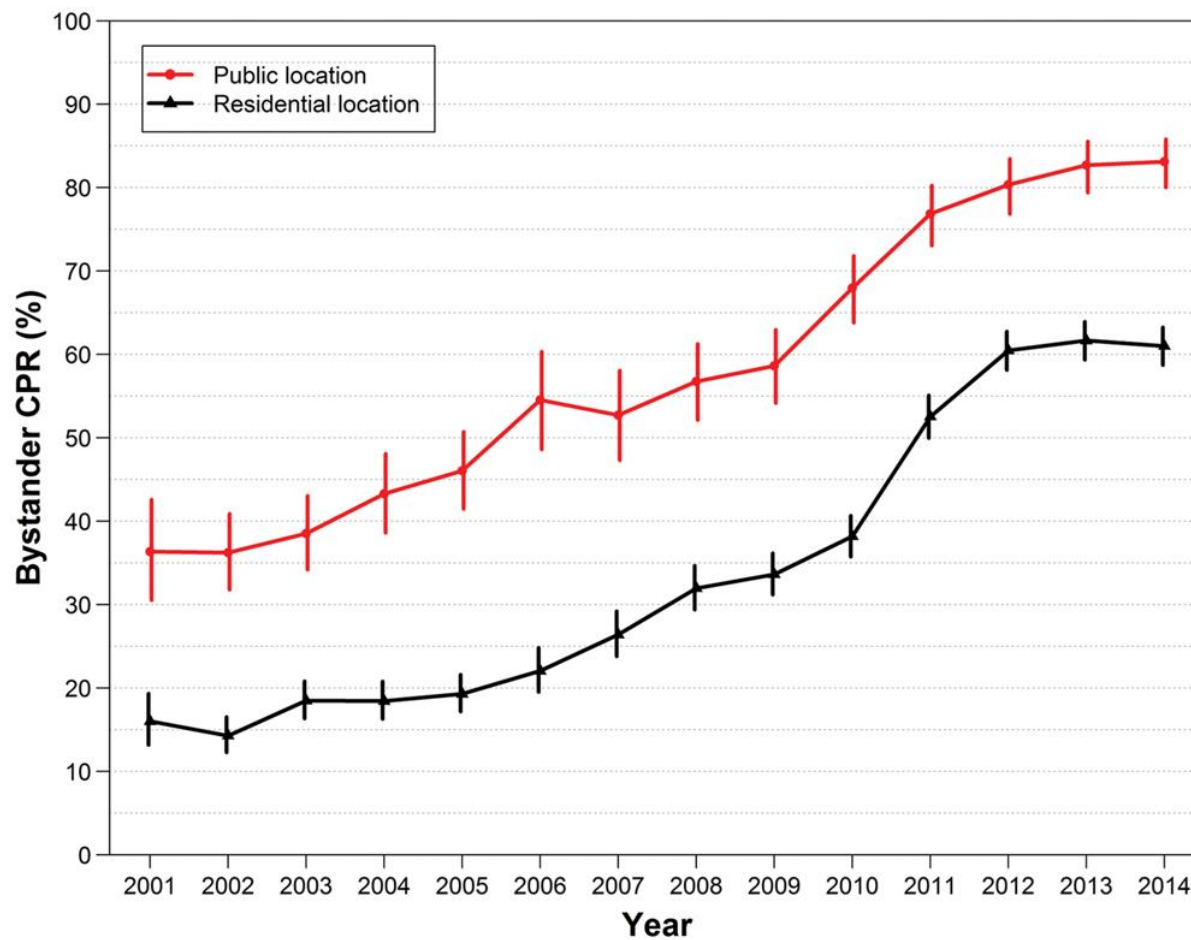
- Can we do anything to prevent
 - Healthy life style and Health maintenance



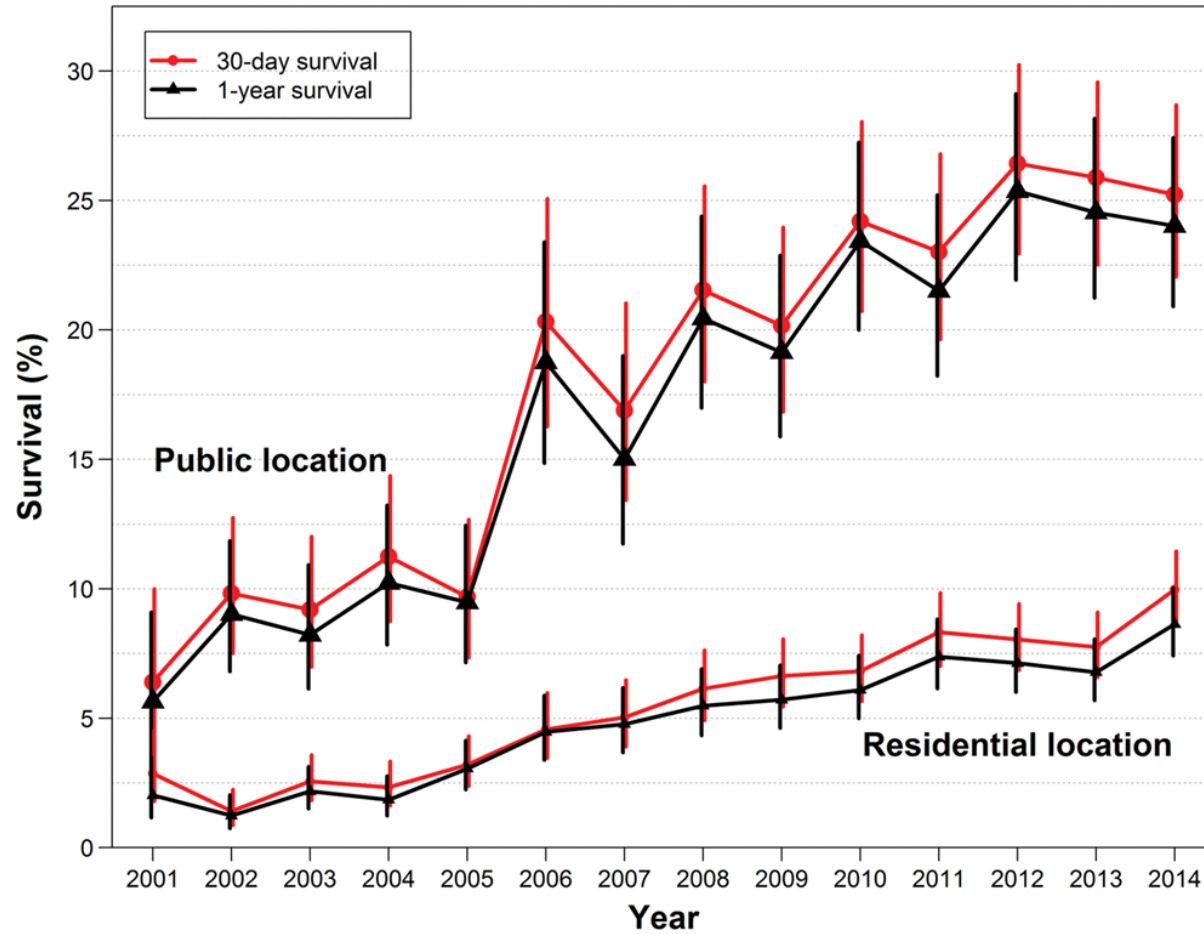
Population selection. CPR, cardiopulmonary resuscitation; EMS, emergency medical services.



Proportion of out-of-hospital cardiac arrest patients receiving bystander cardiopulmonary resuscitation ...



Thirty-day and 1-year survival in out-of-hospital cardiac arrest patients according to location of arrest. ...



The associations between bystander cardiopulmonary resuscitation and brain damage/nursing home admission and ...

