

Chest Pain Pathway

Patient presents with chest pain. Are any of the following features present?

- Pain is central and dull, tight or crushing in nature
- Associated with either arm, jaw or neck pain
- Relief with rest or GTN within 5 minutes
- Precipitation by exercise / emotion

Yes, Any of these

No, None of these

Do you suspect an Acute Coronary Syndrome (ACS)?
i.e. STEMI, non-STEMI or unstable angina

Yes

No

Is the pain new or recent onset, < 3 months?

Yes

No

Do you suspect angina?

Yes

No

Send ECG by Scottish Ambulance Service (SAS) telemetry

If not available email: ECG.highland@nhs.scot

Contact CCU hotline: **01463 729711** for ECG decision support

[Acute Coronary Syndrome guideline](#)

Refer to Rapid Access Chest Pain Clinic (RACPC) or Local RGH out-patient department

(For RACPC, call Raigmore Hospital CCU hotline to book a patient appointment 01463 729711)

Routine referral to cardiology out-patient department

[Stable Angina guideline](#)

Consider differential diagnosis:

Pain exacerbated / relieved by inspiration or postural change: consider **pericarditis**

Pyrexia, cough, sputum, haemoptysis: consider **infection / pneumonia**

Pain is clearly reproduced by palpation or movement: consider **musculoskeletal pain**

Atypical presentations occur. IHD can classically be mistaken for GI pain. If there is doubt, consider myocardial ischaemia until proven otherwise.

If you would like an opinion on an ECG for suspected myocardial ischaemia, email it to CCU at: ECG.highland@nhs.scot or telephone CCU Hotline: 01463 729711

Abnormal ECGs for other reasons can be reviewed by a consultant cardiologist via Clinical Dialogue (GPs)