## Pediatric Chest Pain: Not Cardiac

For musculoskeletal and pleuritic pain and any chest pain that is NOT of possible cardiovascular etiology

### History

- Age
  Medications (Erectile dysfunction medications)
- Past medical history (e.g., MI, angina, diabetes, or post menopausal)
- Allergies
- Recent physical exertion
- Onset
- Provocation
- Quality (e.g., pressure, constant, sharp, dull, etc.)
- Region/Radiation/Referred
- Severity (0 10 scale)
- Time (onset/duration/repetition)

gns and Sy	mptoms
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Respiratory distress

Hypotension or shock

Altered mental status

bradycardia

Chest pain

Syncope

Nausea

Abdominal Pain

Diaphoresis

- Heart rate < 60 with associated hypotension, acute altered mental status, chest pain, acute CHF, seizures, syncope, or shock secondary to
  - ndary to Pacemaker failure
    - HypothermiaSinus bradycardia

Differential

Hypoxia

- Athletes
- Head injury (elevated ICP) or stroke
- Spinal cord lesion
- Sick sinus syndrome
- AV blocks (e.g., 1°, 2°, or 3°)

• Acute myocardial infarction

- Overdose
- Supplemental oxygen to maintain SpO<sub>2</sub> ≥ 92% Ε Position of comfort for pain control Consider, cardiac monitor Consider, 12-Lead ECG Establish IV/IO For pain consider, Fentanyl Consider, If age-dependent hypotensive Normal Saline bolus IV/IO May repeat x2 Notify receiving facility. **Consider Base Hospital** for medical direction

### Pearls

- Many STEMIs evolve during prehospital care and may not be noted on the initial 12-Lead ECG.
- An ECG should be obtained prior to treatment for bradycardia if patient condition permits.
- If a patient has taken their own Nitroglycerin without relief, consider potency of medication. Provider maximum doses do not include patient administered doses.
- Monitor for hypotension after administration of nitroglycerin and opioids.
- Diabetics, geriatric, and female patients often have atypical pain, or only generalized complaints. Suspect cardiac etiology in these patients, and perform a 12-Lead ECG.



# **Pediatric Medical Treatment Protocols**

Effective April 202

# Treatment Protocol P06