

Chest Pain

FAST FACTS

15%

of new patient referrals to cardiology clinics at Cincinnati Children's Heart Institute are for episodes of chest pain

44%

of teens with chest pain believe they are having a heart attack

<1%

of pediatric patients seen for chest pain have a cardiac etiology for that pain

Chest pain is a common symptom in children and teens. Most pediatric chest pain is caused by anxiety, muscle strain, acid reflux, or inflammation of the ribs and cartilage of the chest wall. In a well-appearing pediatric patient with a reassuring history and exam, chest pain is usually benign.

ASSESSMENT

Perform a standard health history and physical exam (HPE) with probing questions around the episodes of chest pain to determine whether the chest pain may be related to a cardiac issue.

HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS

History of present illness (HPI):

- Chest pain is exertional:
 - Only occurs at peak exercise
 - Does NOT occur at low-level exercise
 - Same pain does NOT occur at rest
 - Is NOT reproducible to palpation
- Exertional syncope
- Chest pain is positional—worse when patient is lying down

Past medical history (PMHx):

- Hypercoagulable state
 - Inflammatory disorder
 - Malignancy
 - Thrombophilia
- Past history of cardiac disease

Family history:

First degree family history of:

- Cardiomyopathy
- Sudden death under 50 years of age
- Pulmonary hypertension
- Pacemaker or defibrillator
- Channelopathy
- Coronary anomaly

Physical exam:

- Pathologic murmur
- Hepatosplenomegaly
- Loud S2
- Obvious respiratory distress and/or abnormal vital signs requires urgent evaluation

MANAGEMENT/TREATMENT

A thorough and focused HPE is the most important aspect of treating pediatric chest pain. The HPE will often reveal the likely cause (musculoskeletal, respiratory, GI, anxiety) of chest pain in an otherwise well-appearing child with no red flags.

Reassure and educate the patient/patient's family that the chest pain is not being caused by a heart attack or other cardiac issue.

Most pediatric chest pain is consistent with a musculoskeletal cause. In this situation, a trial of NSAIDs around the clock for three days is reasonable.

WHEN TO REFER

If history red flags (see above) are present upon HPE, the patient should be referred to see a pediatric cardiologist at Cincinnati Children's.

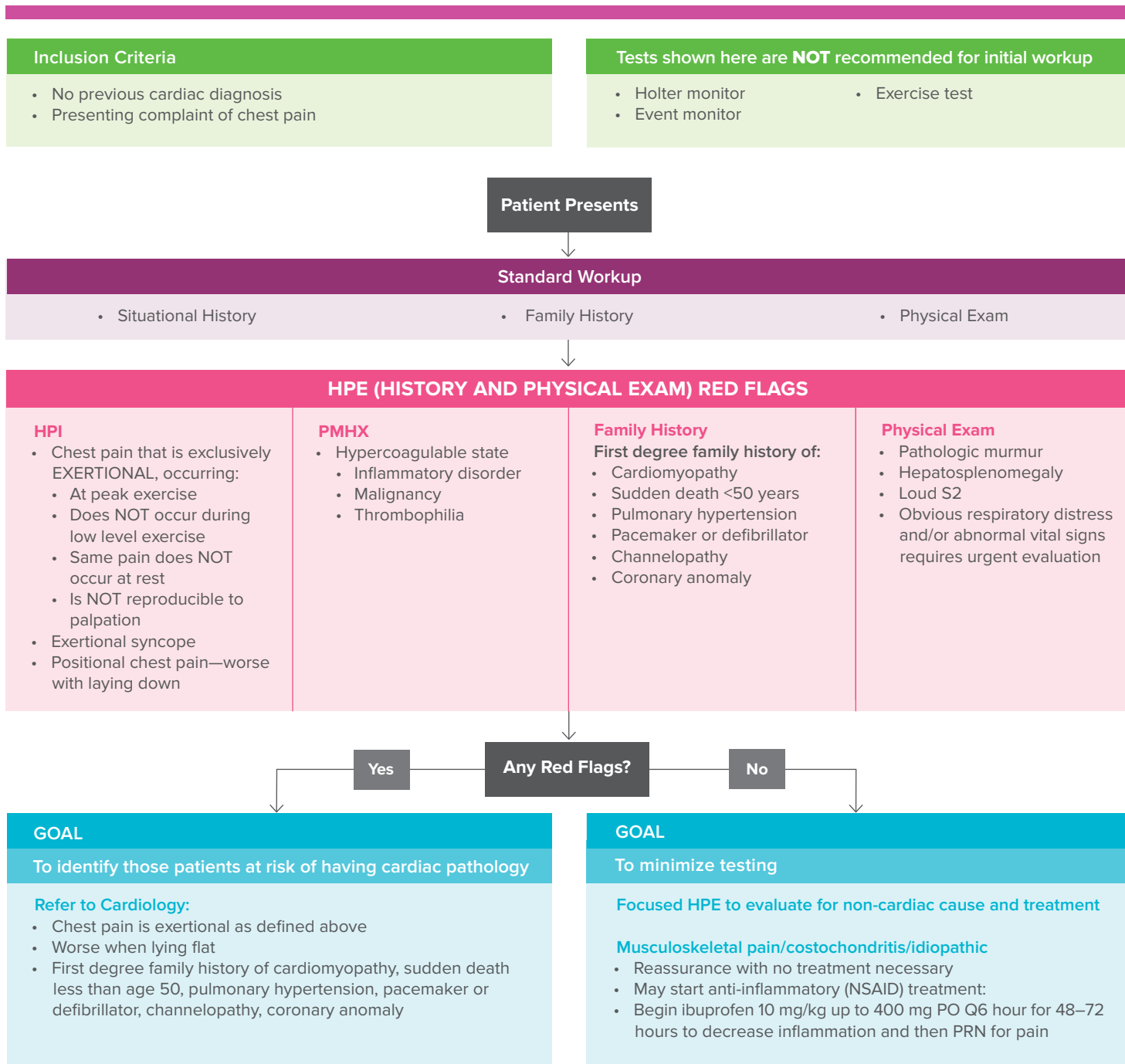
If referral is made:

Have the patient complete a diary of symptoms, including the day, time, and activity they were doing when they experienced symptoms—and instruct them to bring the diary with them to the cardiology clinic visit.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

If you have clinical questions about patients with chest pain, email cardiology@cchmc.org.

Chest Pain



For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.