

## Management

Patients with new onset chest pain should be referred direct to the Rapid Access Chest Pain Clinic (RACPC)

### Primary Care management includes

- ◆ Lifestyle advice and management
- ◆ Therapeutic management including aspirin, statins, antihypertensives and antianginals

### Specialist Management/Advice

- ◆ Assessment and diagnosis of uncertain or atypical symptoms
- ◆ All patients with a new diagnosis should be referred for assessment as per NSF
- ◆ Advice on the management of an individual, particularly where the person has not responded to treatment or to modification of the risk factors
- ◆ Management of cases with multiple risk factors and/or a strong family history
- ◆ Problems with employment, life insurance, or unacceptable interference with lifestyle
- ◆ Significant co-morbidity (e.g. diabetes)

## When to refer

### Emergency [liaise with on-call specialist or refer to A&E]

- ◆ Chest pain that does not resolve after 20 minutes following two doses of GTN taken 10 minutes apart

### Urgent out-patient referral [refer direct, copy to CAS]

- ◆ Pain on minimal exertion
- ◆ Pain at rest (which may occur at night)
- ◆ Angina that seems to be progressing rapidly should be referred for assessment for potential revascularisation (increasing medical treatment alone is only acceptable when revascularisation is not possible)
- ◆ **NB:** Patients with **new onset** chest pain should be referred direct to the Rapid Access Chest Pain Clinic (RACPC) with a copy of the referral sent to the CAS.

### Refer to CAS

- ◆ Previous MI, CABG or PTCA, and has developed angina.
- ◆ ECG evidence of a previous MI, or other significant abnormality.
- ◆ Failure to respond to medical treatment.
- ◆ Ejection systolic murmur suggesting aortic stenosis.
- ◆ Need to confirm or refute a diagnosis with uncertain or atypical symptoms.
- ◆ Failure to respond to treatment or to modification of the risk factors.
- ◆ Presence of several risk factors or a strong family history.
- ◆ Significant co-morbidity (e.g. diabetes).
- ◆ Problems with employment, life insurance, unacceptable interference with lifestyle.

### Refer to RARC

- ◆ if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.