

Chest Pain

Getting Ready to Learn about Chest Pain

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review this information together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you.
- The best way for you to learn. Do you learn best by reading a book or pamphlet, or by doing things yourself?
- If you are not feeling well, if you are in pain or if you cannot focus on learning right now.

This information is important to your health. We may explain something more than once. We will be giving you information in small bits over several days. If there is something you don't understand **its okay to ask us** to explain.

What I Need to Learn About Chest Pain

By the time I leave the hospital I will be able to tell the staff:

1. What is chest pain
2. The symptoms I may experience during chest pain
3. The causes and risk factors for chest pain
4. How I will take care of myself at home
5. When I need to call for help right away and when I will call the doctor for information or follow up

The staff will use three questions to teach me about chest pain:

1. What is my main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask me to repeat back important points in my own words, or ask me to show what I have learned. They want to make sure that I know about my disease and how to take care of myself.

What is my main problem?

I have had chest pain. Chest pain can be felt anywhere between my neck and stomach. Chest pain does not always mean a heart attack.

What do I need to do?

I will be able to tell the staff the symptoms of chest pain.

- The most common sign is pressure or pain. The pain or pressure may be mild or very bad. The discomfort may feel crushing, tight, squeezing or heavy.
- Discomfort or pain that spreads to the neck, jaw, shoulders, back or left arm.
- Feelings of indigestion or burning under the breastbone in the upper chest or stomach pain.
- Sweating
- Nausea or feeling “sick to my stomach”
- Vomiting
- Trouble breathing or feeling short of breath
- Feeling lightheaded, dizzy, weak or faint.
- Skin that is pale, cold, sweaty or clammy.
- Pain that gets worse when I cough, take a deep breath or am physically active or emotionally stressed.
- Feeling anxious or having a sense of panic or doom without a reason.

I will be able to tell the staff the causes and risks for chest pain.

Causes (some can be serious even if they are not heart problems)

- A heart attack or other heart conditions
- Swallowing problems such as spasms in the esophagus. The esophagus is the tube that takes food from the mouth to the stomach.
- Heart burn which is caused by indigestion when stomach acid comes up into the esophagus.
- Collapsed lung or a blood clot in the lungs

- Bronchitis, pneumonia or asthma
- Inflammation of the lining of the lungs (pleurisy)
- Muscle strain
- Anxiety or panic attacks

Risk factors include:

- High blood cholesterol or having too much fat in my diet
- High blood pressure
- Smoking now or in the past or being exposed to cigarette smoke regularly
- Family history of heart problems
- Being overweight
- Eating foods that don't agree with me
- Lack of exercise
- Stress
- Use of stimulant drugs such as caffeine, non-drowsy cold and allergy medicines or cocaine.

I will be able to tell the staff how I will take care of myself at home.

- Follow the doctor's advice for managing the cause of my chest pain.
- If I take medicine, take it as my doctor recommends.
- Keep scheduled appointments to follow up on any conditions.
- If I smoke I will try to quit. I will receive information on how to quit.
- Avoid eating foods that don't agree with me.
- Get regular exercise
- Manage stress
- Avoid stimulants including caffeine, non-drowsy cold and allergy medicines or cocaine.
- My doctor will tell me what my ideal weight is. I can ask for a referral to a dietitian to get help controlling my weight.

I will be able to tell the staff when I need to call for help right away and when I will call the doctor for information or follow up.

I will call “911” if I have:

- Discomfort or pain that spreads to the neck, jaw, shoulders, back or left arm
- Recurring discomfort that feels like indigestion
- More intense pain with activity that goes away if I rest
- Flu-like symptoms, such as nausea, dizziness, weakness and sweating
- Squeezing pain or pressure in my chest
- Trouble breathing.

I will call my doctor if I:

- Have symptoms that don’t go away, change or get worse.
- Have a cough that brings up yellow or green mucus
- Have a fever, rash or hives
- Have questions about my medicine, condition or treatment
- Need to make another appointment
- Think I may be allergic to the medicines
- Think my medicines are not helping

Why is this important to me?

Even though there are many reasons for chest pain, it is important that my doctor finds out what is causing chest pain in my case. This may require further outpatient testing and follow up.

As part of my care I have received this education plan. I may also receive:

- Information about medicines I am taking.

Chest Pain Education Plan

Resources for Staff

- [Is it Heartburn or a Heart Attack](#)- Nursing Reference Center Plus
- [Discharge Instructions for Chest Pain](#)- Nursing Reference Center Plus
- Lexicomp online: Patient education: search for Chest Pain in the *Procedure/Condition* box

Teaching Tools (Items given to the patient)

- Chest Pain Education Plan

References:

- LexiComp
- [Is it Heartburn or a Heart Attach](#)- Nursing Reference Center Plus
- [Discharge Instructions for Chest Pain](#)- Nursing Reference Center Plus
- Nettina, S. M. (2009). Myocardial Infarction Patient Education in *Lippincott Manual of Nursing Practice* (9th ed). Philadelphia, PA: Lippincott-Raven Publishers. (accessed via Bronson Library page 8-26-2010.)

Always close each teaching session with the question, “What questions do you have for me?”

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