

Pleuritic chest pain

Sharp, stabbing chest pain made worse by inspiration

Potential diagnoses:

- Pneumothorax - Previous pneumothorax, tall and thin, history of chest trauma
- Pneumonia - SOB, productive cough, fever
- PE - Unilateral leg swelling, SOB, haemoptysis, known DVT/
recent travel/ surgery/ immobilisation/ active cancer
- Musculoskeletal - Obvious traumatic cause

- 1) Fully undress, apply a **gown** and **wrist band**
- 2) Record vital signs: **BP, HR, RR, SpO₂, Temp, GCS, BM**
Commence Observation Chart and Early Warning Score - follow ED Escalation Plan
- 3) Perform ECG - Doctor review
- 4) Perform **pain score**, give **analgesia** as needed
- 5) When above completed please seek **Doctor review** to complete brief history and chest examination in order to make an early decision regarding the need for:
 - **CXR**
 - **Bloods**

Note: No D-Dimer should be requested for ? PE without using the NOTIS PE Pathway

Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS

If your patient has a high clinical suspicion and circulatory collapse indicating the possibility of "massive PE" this requires either a bedside Echo or CTPA within the hour to allow early thrombolysis on CCU if diagnosis confirmed. This will need to be organised in person and falls outside this pathway.

Initial assessment:	
Is there an alternative explanation (eg:- Pneumonia, pneumothorax, asthma, AECOPD, CCF, ACS)? Will need CXR and ECG to help exclude	Yes <input type="radio"/> No <input type="radio"/>
Purely from clinical assessment is PE likely or unlikely but still needs to be excluded?	Likely <input type="radio"/> Unlikely <input type="radio"/>
Demographics:	Observations:
Age <input type="text" value="81"/>	Pulse Rate <input type="text"/>
	Systolic BP (mmHG) <input type="text"/>
	Oxygen Saturations <input type="text"/>
Presentation:	Risk factors:
Haemoptysis? Yes <input type="radio"/> No <input type="radio"/>	Hospitalised for surgery or trauma within 4/52? Yes <input type="radio"/> No <input type="radio"/>
Unilateral leg swelling? Yes <input type="radio"/> No <input type="radio"/>	Post ITU? Yes <input type="radio"/> No <input type="radio"/>
	Pregnant? Yes <input type="radio"/> No <input type="radio"/>
	Post partum or OCP? Yes <input type="radio"/> No <input type="radio"/>
	Fractured lower limb? Yes <input type="radio"/> No <input type="radio"/>
	Varicose veins? Yes <input type="radio"/> No <input type="radio"/>
	Reduced mobility? Yes <input type="radio"/> No <input type="radio"/>
	Previous proven DVT or PE? Yes <input type="radio"/> No <input type="radio"/>
Co-morbidities:	
Active Cancer? Yes <input type="radio"/> No <input type="radio"/>	
Chronic Cardiopulmonary disease? Yes <input type="radio"/> No <input type="radio"/>	
Renal Impairment (GFR <= 30)? Yes <input type="radio"/> No <input type="radio"/>	