Acute Chest Pain: Cardiac or Gastrointestinal?

Quick-reference for community pharmacists · Aligned with NICE CG95, NG185, and NG12

■ CALL 999: Possible Acute Coronary Event

- ■ Heavy, crushing, pressure, or tightening chest pain
- ■ Radiation to jaw, neck, left arm, or back
- ■ Breathlessness, sweating, nausea, pallor, or sense of impending doom
- ■ Known heart disease with new or worsening chest pain
- ■ Chest pain not clearly consistent with reflux in a patient with cardiovascular risk factors
- ■ If conscious, no aspirin allergy, no active bleeding: give 300 mg aspirin chewed while awaiting ambulance

Do not delay calling 999 to give aspirin. Do not offer a GP appointment for suspected acute coronary syndrome.

■ REFER TODAY: GP, 111, or Urgent Assessment

- ■ Exertional chest discomfort that reliably settles at rest: possible stable angina
- ■ New-onset dyspepsia more than two weeks, not responding to over-the-counter antacids
- ■ Any new upper gastrointestinal symptoms in a patient aged 55 years or over
- ■ Aged 55 or over with alarm features (weight loss, dysphagia, haematemesis, persistent vomiting): urgent referral on suspected cancer pathway under NICE NG12

Refer even without alarm features if symptoms are new or unexplained in a patient aged 55 years or over.

✓ SELF-CARE: Clear Acid Reflux Features, No Red Flags

- ■ Burning, epigastric pain closely related to meals, lying down, or dietary triggers
- ■ No cardiovascular risk factors; no radiation, sweating, or breathlessness
- ■ Over-the-counter antacids or proton pump inhibitor (up to two weeks)
- ■ Lifestyle advice: smaller meals, avoid triggers, elevate head of bed, reduce alcohol and caffeine

Safety-net: seek urgent help if symptoms persist beyond two weeks, change character, or any chest tightness, breathlessness, or sweating develops. Call 999 if in doubt.

Feature	More likely benign	Red flag ■
Character	Burning, gnawing, heartburn, acid taste	Pressure, tightness, heaviness, or crushing
Location	Epigastric or retrosternal burning, localised	Central or left-sided; radiating to jaw, neck, left arm, or back
Onset	Gradual; related to meals, lying down, or spicy food	Sudden or rapid; unrelated to meals; may occur at rest or exertion
Relieving factors	Improved by antacids or sitting upright	Not relieved by antacids; may worsen with exertion
Associated symptoms	Belching, bloating, regurgitation	Sweating, breathlessness, nausea, pallor, or sense of impending doom
Risk factors	Known reflux, recent dietary change, pregnancy	Hypertension, diabetes, smoking, known heart disease, or family history

Key reminders: If uncertain whether chest pain is cardiac, call 999: the cost of over-referring is far lower than missing a heart attack. Atypical acute coronary syndrome is common in women, older adults, and people with diabetes. New-onset dyspepsia in a patient aged 55 years or over requires GP referral under NICE NG12; add urgent cancer pathway referral if there is weight loss, dysphagia, haematemesis, or persistent vomiting.