

Cardiac Guideline

Assessment

- **Description of pain: location, duration, type (heavy, stabbing, aching)**
- **History of cardiac concerns or having this pain in past, asthma or other recent illness**
- **Last meal, reflux**
- **Anxiety**
- **Caffeine, nicotine or drug use**
- **New medication**
- **Heart sounds, rate, color, difficulty breathing, lung sounds, temp, circulation**
- **What helps the pain or makes it worse**

Recommendations

- **Deep breathing, relaxation**
- **Use of inhaler if appropriate**
- **Tums**
- **Water, snack**
- **Reassurance**
- **Rest**
- **Notify parent**
- **Home and medical referral as needed**