Acute Chest Pain: Could This Be Acute Coronary Syndrome?

NICE CG95 / NG185 (Chest Pain and ACS) | NICE NG12 (Suspected Cancer)

CALL 999: Possible Acute Coronary Syndrome

- ☐ Heavy, crushing, pressure, tightening, or persistent chest discomfort (lasting >15 minutes)
- ☐ Radiation to jaw, neck, one or both arms, shoulders, or back
- ☐ Sweating, breathlessness, nausea, pallor, dizziness, collapse, or sense of impending doom
- ☐ Atypical ACS: unexplained breathlessness, epigastric discomfort, nausea, or collapse in women, older adults, or people with diabetes
- ☐ Known heart disease with new or worsening chest symptoms
- ☐ Symptoms not clearly attributable to reflux in a patient with cardiovascular risk factors

ACS can present as indigestion, heartburn, or epigastric discomfort. Symptoms consistent with reflux do not exclude ACS. If in doubt: call 999.

URGENT ASSESSMENT: Exertional Pain, PE, or GI Alarm Features

- ☐ Any new exertional chest discomfort: consider possible angina regardless of whether it settles at rest
- ☐ Sudden pleuritic chest pain with breathlessness, haemoptysis, or recent immobility: possible pulmonary embolism
- ☐ Patient aged 55 or over with new or unexplained upper GI symptoms: GP referral under NICE NG12
- ☐ Alarm features (weight loss, dysphagia, haematemesis, persistent vomiting): urgent cancer pathway referral

Do not be reassured by: temporary antacid relief, absence of severe pain, younger age, normal appearance, or lack of radiation. Community pharmacy assessment cannot safely exclude ACS.

SELF-CARE: Clear Reflux Features, No Red Flags

- ☐ Burning, epigastric pain clearly linked to meals, posture, or dietary triggers
- ☐ No cardiovascular risk factors; no radiation, sweating, breathlessness, or dizziness
- ☐ Over-the-counter antacids or proton pump inhibitor (up to two weeks)
- ☐ Lifestyle: smaller meals, avoid triggers, elevate head of bed, reduce alcohol and caffeine
- ☐ Check for medicine-induced dyspepsia: NSAIDs, bisphosphonates, doxycycline, potassium supplements

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

Features at the Pharmacy Counter

Feature	More likely benign	Red flag
Character	Burning, gnawing, heartburn, acid taste	Pressure, tightness, heaviness, or crushing
Duration	Fluctuates with meals, posture, or antacids	Persistent >15 minutes, not relieved by antacids
Exertion	Related to meals or lying down	Triggered by exertion, stairs, or emotional stress
Radiation	Localised to epigastrium or retrosternal	Jaw, neck, one or both arms, shoulders, or back
Associations	Belching, bloating, regurgitation	Sweating, breathlessness, dizziness, pallor, collapse
History	Known reflux, dietary change, pregnancy	Previous MI, angina, PCI, CABG, diabetes, hypertension

Key reminders: ACS can mimic indigestion: symptoms consistent with reflux do not exclude acute coronary syndrome. Community pharmacy assessment cannot safely exclude ACS: when in doubt, call 999. Atypical ACS is common in women, older adults, and people with diabetes. Any new exertional chest discomfort is possible angina: refer promptly.