St George Hospital Renal Department – INTERNAL ONLY
Chest pain on haemodialysis

This protocol should be read in conjunction with the CLBR:
CHEST PAIN - NURSING MANAGEMENT OF THE ADULT WITH - SGSHHS CLIN168

Objective: to initiate treatment at the first sign of chest pain and stabilise patient.

Chest pain –signs and symptoms
All chest pain should be assumed to be of cardiac origin until proven otherwise

- **Verbal:** Patient verbalises presence of pain or discomfort in the chest, neck, jaw, back, shoulder and or arms.
- **Visual:** Patient appears in pain, holding chest, short of breath, diaphoresis, nausea and or vomiting.

Dialysis Management

- Turn off Ultra filtration (UF)
- Decrease blood flow to 200mls/min
- Visually inspect circuit for signs of haemolysis or air (refer to protocols on web).
- Reassure patient and request assistance from fellow team members
- Lie patient flat, feet elevated if able
- Record BP, Pulse, Respirations and O2 sats and document time of pain onset on haemodialysis treatment sheet (see over for documentation guidelines)
- Administer O2 at 4L/min via Hudson mask
- If hypotension is suspected, treat patient for hypotensive episode as per haemodialysis hypotension protocol
- Notify team leader
- Record a 12 lead ECG
- Initiate PACE
- If BP greater than 100mmhg systolic, give ½ of an Anginine tablet (300mcg) sublingual.

NB Anginine must be administered with great care and close supervision when the patient is on haemodialysis as it will result in a drop in BP

- Record time of Anginine administration on medication chart and on haemodialysis record sheet
- Take troponin level from arterial port of haemodialysis circuit. Mark urgent on lab request and send to pathology.
- Recheck BP, O2 sats and P 5 mins after administration of Anginine.
- Reassess level of pain.
- Update Team leader of patient's condition.

If pain relieved: no further treatment required at this time. Inform RMO of outcome

If pain unresolved 5 minutes after initial 1/2 sublingual Anginine and if BP greater than 100mmhg systolic, give subsequent dose of ½ sublingual Anginine tablet.

- Record time of Anginine administration on medication chart and on haemodialysis treatment sheet
- Record BP,O2 stats and pulse

If pain unresolved following the administration of one tablet.

- Call PACE 2
- Terminate haemodialysis treatment, but maintain access until review by medical team.
- Administer further Anginine as indicated
- Repeat BP and P measurements at 5minute intervals.

Documentation and follow up

- Record chest pain assessment on haemodialysis record sheet;
    - Level of pain on 1 to 10 scale
    - Location of pain
    - Type of pain (Dull, Sharp, heavy, tight, tingle, ache.)
    - Does pain radiate? (to jaw, back, neck, arms.)
    - Affected by respiration?
    - Does positioning relieve pain?
- Document event in patient's notes and on RISC.
- ECG must be reviewed by renal team within 2 days even if pain resolves.