

PEDIATRIC CARDIOLOGY:

Chest Pain

History suggesting benign diagnosis	Contributing Factors	Likely Benign Diagnoses	Management	Screening Tests	Referral - When Cardiac Disease Can Be Expected
Duration - "lasts all day" or "lasts seconds"	Anxiety, nervousness	Anxiety	Behavior modification	A baseline ECG may be performed as a screening test only, but is not required.	Chest pain associated with pallor, diaphoresis, or syncope
Associated with movement or activity	History of reactive airway disease	Musculoskeletal Chest Pain	Motrin around the clock for 2 to 3 days; improved hydration		Chest pain in an otherwise conditioned athlete
Increases with inspiration	History of reactive airway disease	URI or reactive airway disease		Rule out exercise induced asthma	

Referral to Pediatric Cardiology: Fax (203) 737 2786, Telephone (203) 785 2022.