



Chest pain – discharge advice

In your Emergency Department assessment today a cause of your chest pain was not found. This leaflet provides further advice on possible causes of the pain and when to seek further help.

About chest pain

Chest pain refers to pain felt anywhere in the chest area, from the level of your shoulders and lower neck to the top of your abdomen and base of your ribs. It may be described as pain, discomfort, tightness, pressure, or a feeling of burning or fullness in the chest. It may also be sharp, dull, throbbing, crushing, tearing, cramping or achy.

Chest pain is a common symptom and can have many causes. It is important to take chest pain seriously because it can sometimes indicate a serious underlying problem and tests and investigations may be needed to exclude this.

What could be causing my chest pain?

Most chest pain is not heart-related and is not serious.

While you were in the Emergency Department, we checked for the possible serious causes of chest pain such as a heart attack, clots in lungs, a collapsed lung and torn large blood vessels. We may have done blood tests to look at the heart (troponin) and clots in your lungs (d-dimer), some of which we may have to repeat to ensure levels are not climbing even if it is initially normal. We may also have done a chest x-ray and/or ECG. As these tests showed your pain was not heart-related, what other possible causes were there for your chest pain?

- **Gastro-oesophageal reflux disease (GORD):** A common condition where acid from the stomach comes up into the oesophagus (gullet).
- **Bone or muscle problems:** If your chest is painful and tender to touch it may be caused by an injury or a strained muscle in your chest wall. This can be surprisingly painful but with rest the pain should ease and the injured muscle or tissue will slowly heal.
- **Anxiety and panic attacks:** Some episodes of chest pain occur as part of an anxiety or panic attack.
- **Lung problems:** Pneumonia – inflammation of the lungs, usually caused by an infection, often with fever, aches and coughing up discoloured sputum (phlegm). Sometimes, you may need to be admitted into hospital with this but - if you are not too unwell - you may be able to go home with antibiotics.
- **Pulmonary embolism (lung clot):** This is a blocked blood vessel in your lungs, which can be a serious condition and can sometimes be life-threatening if the clot is large. Often the clots are small and we may treat you with a medication to thin your blood and bring you back on another day for a CT scan to confirm the suspected diagnosis. Risk factors for lung clots include: recent long flights, recent surgery, active cancer, pregnancy and being on the combined pill.

- **Cardiac (heart-related) chest pain:** When we do blood tests for the heart (a test called troponin) and these are normal, it makes the likelihood of you having a cardiac problem lower but it does not necessarily always mean that the pain is not related to your heart. If we think it may be, we may ask you to follow up with either your GP or arrange a follow up with one of the cardiologists as an outpatient.

What is the treatment for chest pain?

Treatment will vary, depending on the underlying cause of your chest pain.

You should take simple pain killers regularly, such as paracetamol. You can take up to eight paracetamol tablets in a single 24 hour period (maximum 4 grams). Discuss your pain relief with a doctor if you have liver or kidney problems, are on medicines for epilepsy or tuberculosis (TB), weigh less than 50kg or regularly drink more than 14 units per week of alcohol.

If you have further episodes of chest pain and are worried, please seek medical attention.

If you have any concerns about your symptoms, contact your GP or call 111 for advice.

When to seek urgent advice

- Chest pain is a common cause for people to visit the Emergency Department (ED). You have been seen today in the department and discharged home. Our assessment today has not found a serious cause of this pain..
- Any new, severe, or persisting chest pain should be discussed with your GP. This is particularly important if you are an adult and have a history of heart or lung disease.
- It is important to get medical advice to make sure it is nothing serious.
- For general medical advice, please use the NHS website www.nhs.uk, the NHS 111 phone line, or your GP.
- There are walk-in and urgent treatment services at Urgent Care Centre, 1st Floor, 103-105 Broad Street Mall, Reading RG1 7QA.
- **See your GP** or attend your local walk- in Centre, if:
 - you have chest pain that comes and goes
 - you have chest pain that goes away quickly but you're still worried
- **See a doctor urgently**, if you
 - have difficulty breathing
 - develop pain that goes through to your back
 - develop shoulder pain
 - suffer any fainting or collapse episodes
 - become feverish or shivery
 - start vomiting
 - are not able to pass urine or open your bowels
- **Call 999 if you have sudden chest pain that:**
 - **spreads to your arms, back, neck or jaw**
 - **makes your chest feel tight or heavy**
 - **also started with shortness of breath, sweating and feeling or being sick**
 - **lasts more than 15 minutes**

Tell us your views

If you wish to discuss any aspect of your treatment and care, please speak to a senior member of staff or to the nurse looking after you. The matrons are also available during normal working hours and they welcome your views.

Friends and Family Test

Whatever your experience you can give feedback by completing the Friends & Family test—by going online www.royalberkshire.nhs.uk/patients-and-visitors/friends-and-family-test/ or using the link sent to you in an SMS text message.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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Next review due: June 2027