

 TERAKREDITASI PARIPURNA	<p>PANDUAN PRAKTIK KLINIS (PPK) KSM KARDIOLOGI DAN KEDOKTERAN VASKULER RSUD ARIFIN ACHMAD PROVINSI RIAU</p>	<p>Pekanbaru, April 2024 Ditetapkan,</p> <p>DIREKTUR RSUD ARIFIN ACHMAD PROVINSI RIAU</p>  <u>drg. Wan Fajriatul Mamnunah, Sp.KG</u> NIP. 19780618 200903 2 001
<p>NYERI DADA</p>		
<p>1.Definisi</p>	<p>Nyeri dada tipikal:</p> <p>1).Nyeri dada substernal dengan kualitas dan karakteristik yang: 2). dicetuskan oleh aktifitas atau stress emosional dan 3) berkurang dengan istirahat atau dengan nitroglicerine.</p> <p>Nyeri dada atipikal Memenuhi 2 kriteria diatas Nonkardiak : Memenuhi 1 atau tidak memenuhi kriteria</p>	
<p>2.Anamnesis</p>	<ul style="list-style-type: none">• Onset : tiba-tiba, bertahap, kapan nyeri yang paling kuat• Lokasi : menyeluruh atau terlokalisir, dapatkah ditunjukkan daerah yang paling sakit• Durasi : konstan atau intermitten, apakah ada faktor pencetus tertentu• Karakteristik : nyeri bersifat tajam, tumpul, tertekan, tertusuk• Gejala penyerta : pusing, sinkop, presinkop, palpitasi, diaphoresis, mual, muntah• Faktor yang memperberat dan mengurangi nyeri : batuk, nafas dalam, latihan fisik• Penjalaran nyeri: ke punggung, leher, tenggorokan, dagu, abdomen, ekstremitas	
<p>3.Pemeriksaan Fisik</p>	<p>Pemeriksaan seringkali normal dan nonspesifik pada pasien dengan angina stabil</p>	

4.Kriteria Diagnosis	<div><div><div><div><div>Assess vital signs</div><div>Stable</div><div>Unstable</div></div><div><div>Obtain 12-lead ECG and CXR</div><div>ECG diagnostic or suggestive</div><div>CXR diagnostic or suggestive</div></div><div><div>Assess risk of ACS and check cardiac markers of necrosis</div><div>Assess risk of pulmonary embolism</div><div>Assess risk of aortic dissection</div></div></div><div><div>Stabilize, Assess for: • STEMI • Massive PE • Aortic dissection • Pericardial tamponade</div><div>Localized STE (and low suspicion for dissection) → STEMI</div><div>ST depression and/or TWI → Check cardiac markers of necrosis → Elevated and hx c/w ACS → NSTEMI → Normal and hx c/w ACS → Possible UA</div><div>Diffuse STE ± PR depressions → Pericarditis</div><div>7 area of lucency between lung parenchyma and chest wall → Pneumothorax</div><div>Widened mediastinum (and hx c/w AoD) → Dedicated imaging to assess for AoD (CT, MRI, echo) → Dissection → Aortic dissection → No dissection → Consider alternative diagnosis</div><div>Infiltrate (and hx and labs c/w infection) → Pneumonia</div><div>Assess risk of ACS and check cardiac markers of necrosis → Hx c/w ACS and biomarkers elevated → NSTEMI → Hx c/w ACS and biomarkers normal → Possible UA → Hx not c/w ACS and biomarkers elevated → NSTEMI vs. alternative etiology of cardiac injury → Hx not c/w ACS and biomarkers normal → Consider alternative diagnosis</div><div>Assess risk of pulmonary embolism → Low → Check D-dimer → High → Imaging (CT or V/Q) → Check D-dimer Neg → Consider alternative diagnosis → Check D-dimer Pos → Imaging (CT or V/Q) → Imaging (CT or V/Q) Neg → Consider alternative diagnosis → Imaging (CT or V/Q) Pos → PE</div><div>Assess risk of aortic dissection → Low → Imaging (CT, MRI, TEE) → High → Imaging (CT, MRI, TEE) → Imaging (CT, MRI, TEE) Neg → Consider alternative diagnosis → Imaging (CT, MRI, TEE) Pos → Aortic dissection</div></div></div></div>															
5.Diagnosis Banding	<table><tr><th>Nonischemic Cardiovascular</th><th>Pulmonary</th><th>Gastrointestinal</th><th>Chest Wall</th><th>Psychiatric</th></tr><tr><td>Aortic dissection</td><td>Pulmonary embolism</td><td>Esophageal Esophagitis Spasm Reflux</td><td>Costochondritis Fibrositis Rib fracture Sternoclavicular arthritis Herpes zoster (before the rash)</td><td>Anxiety disorders Hyperventilation Panic disorder Primary anxiety</td></tr><tr><td>Pericarditis</td><td>Pneumothorax Pneumonia Pleuritis</td><td>Biliary Colic Cholecystitis Cholelithiasis Cholangitis Peptic ulcer Pancreatitis</td><td></td><td>Affective disorders (i.e., depression) Somatiform disorders Thought disorders (i.e., fixed delusions)</td></tr></table>	Nonischemic Cardiovascular	Pulmonary	Gastrointestinal	Chest Wall	Psychiatric	Aortic dissection	Pulmonary embolism	Esophageal Esophagitis Spasm Reflux	Costochondritis Fibrositis Rib fracture Sternoclavicular arthritis Herpes zoster (before the rash)	Anxiety disorders Hyperventilation Panic disorder Primary anxiety	Pericarditis	Pneumothorax Pneumonia Pleuritis	Biliary Colic Cholecystitis Cholelithiasis Cholangitis Peptic ulcer Pancreatitis		Affective disorders (i.e., depression) Somatiform disorders Thought disorders (i.e., fixed delusions)
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6.Pemeriksaan Penunjang	<ul style="list-style-type: none">• Elektrokardiography• laboratorium enzim jantung• rontgen thorak• echocardiography• treadmill test• angiography koroner															
7.Terapi	<ul style="list-style-type: none">- Aspirin- Clopidogrel- ACE inhibitor/ARB- Beta bloker- Statin															

	<ul style="list-style-type: none">- Nitrat	
8.Edukasi	<p>Gaya hidup sehat meliputi :</p> <ul style="list-style-type: none">- Kontrol berat badan dengan target BMI 18,5-24,9- Menjaga lingkar pinggang <102 cm pada laki-laki dan <88 cm pada perempuan- Management lipid- Kontrol tekanan darah- Stop merokok- Menghindari asap rokok- Terapi dan edukasi pada pasien diabetes tentang obat, nutrisi dan gaya hidup	
9.Prognosis	Baik	
10.Kepustakaan	<ol style="list-style-type: none">1. Sabatine MS, Cannon CP. Approach to the patient with chest pain. In: Bonow RO, Mann DL, Zipes DP, Libby P, eds. <i>Braunwald heart disease: A textbook of cardiovascular medicine</i>. Saunder Elsevier; 2012:1076-1085.2. Morrow DA, Boden WE. Stable ischemic heart disease. <i>Hurst's the heart</i>. Philadelphia: Elsevier; 2012:1210-1285.	