

Acute Chest Pain	
<b>Sources</b>	BCH EBG (chest pain), CHOP Clinical Pathway, Uptodate
<b>Differential</b>	<ul style="list-style-type: none"> <li>• <b>Can't miss:</b> Acute coronary syndrome, pericarditis, pneumothorax, pulmonary embolism, aneurysm</li> <li>• <b>MSK:</b> costochondritis, musculoskeletal strain/trauma, precordial catch (Texidor's twinge)</li> <li>• <b>Cardiac</b> (1% of children) <ul style="list-style-type: none"> <li>■ Ischemia: severe aortic and pulmonary stenosis, hypertrophic or dilated cardiomyopathy, history of Kawasaki disease and subsequent coronary thrombosis, anomalous coronary arteries, familial dyslipidemia and medication or drug induced vasospasm (i.e. cocaine abuse)</li> <li>■ Arrhythmia: SVT or ventricular tachyarrhythmias</li> <li>■ Inflammatory: myocarditis, pericarditis</li> <li>■ Mitral valve prolapse</li> <li>■ Aortic dissection (consider in Marfan, Ehlers-Danlos, Turner, or Noonan)</li> </ul> </li> <li>• <b>Pulmonary:</b> pneumonia, asthma, upper respiratory infection causing coughing, hyperventilation, pneumothorax, pleuritis and pulmonary embolism</li> <li>• <b>GI:</b> GERD, esophagitis, esophageal spasm. Also consider foreign body ingestion, gastritis, pancreatitis, cholecystitis, peptic ulcer disease, Mallory-Weiss tears, Boerhaave syndrome and hiatal hernias</li> <li>• <b>Psych:</b> anxiety, panic attacks</li> <li>• <b>ID:</b> Shingles (herpes zoster infection)</li> <li>• <b>Heme:</b> Severe anemia, Sickle cell anemia-related VOE or acute chest syndrome</li> </ul>
<b>History</b>	<ul style="list-style-type: none"> <li>• Location, chronicity, duration, frequency, severity, quality, radiation of pain</li> <li>• Precipitating or alleviating factors</li> <li>• Association with exertion, syncope, or palpitations</li> <li>• History of inflammatory disorders, hypercoagulable states, connective tissue disease</li> <li>• Family history of early thromboembolic disease, sudden death, drowning or congenital heart disease.</li> </ul>
<b>Physical Exam</b>	<ul style="list-style-type: none"> <li>• Complete cardiorespiratory and abdominal exam</li> <li>• Examination of skin overlying area of pain</li> <li>• Palpation for reproducible pain</li> <li>• Concerning findings: <ul style="list-style-type: none"> <li>■ Non-innocent heart murmurs (&gt;III/VI in intensity, diastolic, harsh quality, no positional change or louder standing than supine)</li> <li>■ Clicks, rubs or gallops</li> <li>■ Abnormal S2</li> <li>■ Stigmata of connective tissue disease</li> <li>■ Hepatomegaly</li> <li>■ Pallor, diaphoresis, or poor perfusion</li> </ul> </li> </ul>
<b>Studies</b>	<ul style="list-style-type: none"> <li>• EKG</li> <li>• CXR for suspected pulmonary or cardiac disease</li> <li>• CT w/PE protocol if high suspicion for PE</li> <li>• Consider CBC, inflammatory markers, D-dimer, troponin, BNP as indicated</li> </ul>

Acute Scrotal Pain	
<b>Sources</b>	CHOP Clinical Pathway, Brenner, JS, Ojo A. UpToDate: Causes of scrotal pain in children and adolescents
<b>History</b>	<ul style="list-style-type: none"> <li>• Pain (Onset, Duration, Location, Migration, Severity)</li> <li>• Anorexia/Nausea (Last meal)</li> <li>• Vomiting (Time of onset, Last episode, Number of episodes)</li> <li>• Urine (Dysuria, Quantify urine output, Hesitancy, Urgency, Hematuria)</li> <li>• Sexual History (Sexually active?, History of STIs, Urethral discharge)</li> <li>• Fever</li> <li>• Trauma</li> </ul>

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