### Key Features:

1. **Given a patient with undefined chest pain, take an adequate history to make a specific diagnosis** (e.g., determine risk factors, whether the pain is pleuritic or sharp, pressure, etc.).

   **What you should study:**
   - ✓ Acute Chest Pain in Adults AAFP 2013
   - ✓ Diagnosing Chest Pain AAFP 2005
   - ✓ Acute Pericarditis Diagnosis and Management AAFP 2014

2. **Given a clinical scenario suggestive of life-threatening conditions** (e.g., pulmonary embolism, tamponade, dissection, pneumothorax), begin **timely treatment** (before the diagnosis is confirmed, while doing an appropriate work-up).

   **What you should study:**
   - ✓ EM Cases Episode 21: Pulmonary Embolism
   - ✓ EM Cases Episode 92: Aortic Dissection
   - ✓ EM Cases Episode 15 Part 2: ACS Management
   - ✓ Pleuritic Chest Pain AAFP 2017
   - ✓ Spontaneous Pneumothorax AAFP 2000
   - ✓ EM Cases Best Case Ever 31: Emergency Pericardiocentesis
3. In a patient with unexplained chest pain, rule out ischemic heart disease.*

**What you should study:**

✓ Cardiac Non-Invasive Testing PBSGL 2014 [www.members.fmpe.org](http://www.members.fmpe.org)

4. Given an appropriate history of chest pain suggestive of herpes zoster infection, hiatal hernia, reflux, esophageal spasm, infections, or peptic ulcer disease:

   a) Propose the diagnosis.

   b) Do an appropriate work-up/follow-up to confirm the suspected diagnosis.

**What you should study:** see also Priority Topic Abdominal Pain

✓ Herpes Zoster AAFP 2017
✓ Esophageal Spasm Review 2018
✓ Common Questions about the Management of GERD AAFP 2015
✓ PUD and H Pylori AAFP 2015
✓ H Pylori Guidelines AAFP 2018

5. Given a suspected diagnosis of pulmonary embolism:

   a) Do not rule out the diagnosis solely on the basis of a test with low sensitivity and specificity.

   b) Begin appropriate treatment immediately.

**What you should study:**

✓ Pulmonary Embolism Rule-Out Criteria AAFP 2013
✓ DVT and PE Treatment AAFP 2017

*See also the key features on ischemic heart disease.*