

## **PS1.204**

### **Observational study of prehospital management of acute chest pain**

*P Rodriguez-Casal, G D'Angelo, C Arca Pichel, ME Lois Martinez, Santiago Pérez Cachafeiro*

*Department of Primary Care, Integrated Management Area Pontevedra-Salnes, Galicia, Spain*

*Corresponding author: Dr Santiago Pérez Cachafeiro, EOXI Pontevedra E O Salnés, PAC de Cambdaos, Spain. E-mail: hontza83@gmail.com*

**Background & Aim:** Chest pain is one of the most frequent reasons for consultation in the Prehospital Emergency Care (PEC). There are many causes of chest pain, ranging from mild conditions to entities with high mortality, requiring a high clinical suspicion and early treatment. All this shows the great importance of the diagnostic and treatment of these patients in the early stages of healthcare.

Our aim is to describe the patient profile that requires pre hospital emergency electrocardiogram, in order to meet its key features.

**Method:** A cross sectional study was designed. Data of patients seeking care with they need to do ECG for 3 months (September 2015 to December 2015) were collected. Different parameters of affiliation, dating, symptoms, blood pressure and diagnosis were included. The data were treated statistically.

**Results:** A total of 21 patients were observed. of these, 66.7% were women; the majority (57.1%) were between 70 and 89 years. They had dizziness (52.4%), chest pain (33.3%), abdominal pain (23.8%), + (headache, stress, disorientation 4.8%). The average of TAS was a 143.86 and 81.71 of TAD. They were made more ECG on Sunday (42.9%) and less on Mondays (9.5%), in the second half of the month (66.7%). The ECG was normal in 71.4% of cases and was arrhythmia 14.3%, being similar to the previous in 90.5% of cases. Patients were diagnosed dizziness (42.8%) and muscle pain (23.8%) in most cases. of these, require referral to hospital by 19%.

**Conclusions:** Most of the ECG were conducted in elderly patients and were caused by banal pathology, which must not be transferred to hospital. In most cases, patients were nervous when they had chest discomfort and they went the emergency room. The doctor of the PEC should make an early diagnostic and therapeutic approach in patients who come to these centres with chest pain.