CHEST PAIN

Angina; Angina Pectoris; Unstable Angina; Chest Discomfort (non-specific term); Palpitations

All Classes (Updated 03/27/2024)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. If the term angina or chest pain is used on reports	Chest pain can be nonspecific and described with multiple terms.	See corresponding condition page
OR The individual lists angina or chest pain in history	The AME should review the hospital/clinic reports to identify the CAUSE of the angina or chest pain.	
	If cause identified, see that page (e.g., musculoskeletal pain, GERD, CAD, MI, etc.).	
	If no cause identified, go to Row B.	
B. Cause of angina or chest pain NOT Identified or uncertain in medical records.	Submit the following for FAA review:	
	 Hospital records to include: Admission history & physical (H&P) Discharge summary from the physician (NOT the discharge instructions/paperwork given to the patient when leaving the hospital). 	Submit the information to the FAA for a possible Special Issuance.
	Coronary catheterization/ angiography report (if performed).	Annotate (elements or findings) in Block 60.
	3. Current, detailed Clinical Progress Note(s) from any follow-up visits. It must specifically include the diagnosis and whether it was cardiac in nature or other. If cardiac, additional evaluation may be required.	
	Any other testing already performed for this condition.	
	If no cause is identified, additional information may be required.	

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
C . Angina confirmed to be of	See page for:	
cardiac origin (based on		
document review).	Coronary Heart Disease (CHD) - 50% stenosis or higher; Intervention (Stent, PTCA, CABG); Myocardial Infarction/Heart Attack; Acute Coronary Syndrome; or Coronary Artery Disease	Submit the information to the FAA for a possible Special Issuance
		Annotate (elements or findings) in Block 60.