

Heartburn

(Updated 30-10-19)

Signs and Symptoms*:

1. Heartburn is typically described as a burning feeling in the stomach or lower chest rising up to the neck. Its pathophysiology can be multifactorial, therefore, finding a primary cause can sometimes be challenging. Several common *Heartburn Triggers or Exacerbating Factors* are listed below in Table 1:

Table 1 - Heartburn Triggers or Exacerbating Factors

Category	Factor
Drugs (reduce lower esophageal pressure)	Anticholinergics Beta-agonists Opioids Nitrates Benzodiazepines Nicotine Calcium Channel Blockers
Lifestyle	Obesity Diet Smoking
Other Factors	Age (>65) Pregnancy Hiatus Hernia Stress and Anxiety

2. Due to the fact that heartburn symptoms can either mask or be the result of more acutely serious conditions, patient assessment should start with a review of the alarm features included in Table 2 *Heartburn Assessment – Alarm Symptoms*. If alarm symptoms are encountered, prompt referral to a senior medical authority is required.

Table 2 - Heartburn Assessment – Alarm Symptoms

Alarm Symptom	Description
Abdominal Mass	Abnormal growth or swelling in abdomen
Anemia	Dizziness, fatigue, syncope, pale appearance, cold extremities
Chest pain	Resembling cardiac pain (pain with activity)
Choking	Sensation of acid refluxed into the windpipe causing shortness of breath, coughing or hoarseness
Dysphagia/Odynophagia	Difficulty/Pain swallowing
Gastrointestinal bleeding	Vomiting blood or having tarry or black bowel movements
Unintentional weight loss	
Vomiting	

3. Early and effective management of heartburn can minimize symptoms and thereby maintain operational fitness.

*Adapted from: RxTx CPhA “*Dyspepsia and GERD*” Therapeutic Choices Guideline – Sep ’18

Contraindications:

1. Evidence of “red flag” symptoms as per Table 2 - *Heartburn Assessment – Alarm Symptoms*
2. Allergy to an indicated medication.

Management:

1. Assess the patient thoroughly and consider differential diagnosis. Assess vitals and specifically consider cardiac risk factors. If cardiac pain is suspected, treat IAW *CAF Med Tech Protocol 1.1 Suspected Cardiac Chest Pain*.
2. If known history of reflux disease or heartburn consider:
 - a) Gaviscon™ (Liquid) 10–20 mL or (Tablets) 2–4 tablets (chewed) PO with meals and before sleep; and/or
 - b) Ranitidine 300mg po as a single dose followed by 150mg BID until assessed by a higher medical authority.
3. Consider addressing any modifiable exacerbating factors listed in Table 1 - *Heartburn Triggers or Exacerbating Factors*.

Disposition:

1. Monitor - If worsening or treatment is ineffective, ensure patient is seen by a MO or PA.