

Chest Pain

Category: 2 Symptom

When to seek medical help for your chest pain?



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All undiagnosed chest pain is an emergency until investigated and proven otherwise by a qualified physician. Call 9-1-1 or go to the emergency room at a hospital near you if you experience any chest pain and the following:

- You experience sudden chest pain which continues for 15 minutes.
- You experience sudden chest pain along with nausea, vomiting, sweating, shortness of breath, dizziness, or feeling like passing out.
- You experience sudden chest pain and loss of consciousness.

If you are unsure whether your chest pain is an emergency, you can call 8-1-1 from anywhere in Canada ([except in Manitoba](#)) to speak to a registered nurse or health services navigator.

Types of chest pain

There are several different types of chest pain you might experience following a COVID-19 infection. Some of these include:

Type of chest pain	What it feels like and possible cause
Non-specific chest pain	<ul style="list-style-type: none">• Can be felt anywhere in the chest• There can be many feelings of pain, such as sharp, dull, or squeezing
Musculoskeletal (bone/muscle) chest pain	<ul style="list-style-type: none">• Often felt in a small area or can be widespread muscle soreness (myalgia)• The pain may get worse with specific movements such as stretching
Pleuritic chest pain	<ul style="list-style-type: none">• Sometimes caused by irritation of the heart or lungs• Felt on both or just one side of chest• Sharp, worse when breathing in
Angina type chest pain	<ul style="list-style-type: none">• Caused by poor blood flow to the heart muscle• A tightness or heaviness in your chest that may extend to arms, neck, and jaw• Gets worse with stress or physical exertion and gets better with rest

What to discuss with a doctor

When you talk to a doctor about your chest pain, try your best to describe it in as much detail as possible to help them determine the cause. If you are feeling well enough, it is helpful to write down what you are feeling in the moment (or just after) on a piece of paper. This way you can easily remember all the symptoms you experienced.

The doctor may ask the following questions:

- What does the chest pain feel like (for example sharp, tight, or squeezing)?
- What causes the chest pain to come on (for example, eating, stress, walking, etc.)?
- What causes the chest pain to go away (for example, resting, taking a deep breath, etc.)?
- Do you have any other symptoms with your chest pain (for example shortness of breath, sweating, or nausea)?

Tests to rule out heart conditions if you have chest pain

You may also want to ask the doctor if they think that you need further tests for your heart to help diagnose or rule out certain heart conditions, so that you can receive appropriate monitoring or treatment.

Here are some tests that a doctor may order if you have heart symptoms like chest pain. Depending on your specific case, your healthcare provider may request multiple tests at the same time, or wait for the results of one or more tests before ordering others. Many of these tests have been suggested by the Canadian Guidelines for Post COVID-19 Condition (CAN-PCC), which are based on a rigorous review of scientific evidence available to date (as of Spring 2025).

- **An electrocardiograms (also called EKG or ECG)** takes a 'snapshot' of your heart's electrical pattern. If you have heart and/or lung symptoms, this test is recommended to help detect (or rule out) heart conditions, such as abnormal heart rhythm or inflammation of the heart. Please see the [CAN-PCC recommendation for ECG/EKG](#) for more.
- **A 24-hour Holter monitor** is a device that you wear that keeps track of your heart's electrical pattern for 24 hours. Holter monitoring is usually done after an ECG/EKG, if a recent ECG is not already available, and if a person is experiencing heart or lung symptoms, like chest pain, heart palpitations, increased (or decreased) heart rate, or shortness of breath. This test may help detect (or rule out) heart conditions, such as irregular heart beats. Please see the [CAN-PCC recommendations for Holter monitoring](#) for more.
- **Echocardiograms** are ultrasounds that look at the valves and chambers of your heart. It can help detect any disorders in the heart function, heart muscle, or valves. This test may detect (or rule out) heart conditions, such as heart failure, inflammation of the heart muscle, and pulmonary hypertension (high blood pressure affecting the arteries in the lungs). It is a recommended test in people with Long COVID experiencing heart and/or respiratory symptoms. Please see [the CAN-PCC recommendations for echocardiograms](#) for more.
- **Stress tests** evaluate how your heart responds to stress in a monitored environment. This may involve monitoring your heart while you walk or run on a treadmill or after injection of a medication. Sometimes, stress tests involving physical exercise can worsen symptoms for people with long COVID (especially if they suffer from post-exertional malaise). If you are concerned about this, ask your doctor about other test options.
- **A chest x-ray** takes a picture of your lungs and heart. If you are experiencing heart and/or lung symptoms, it is recommended that a chest x-ray be done to help diagnose or rule out important heart and lung conditions, such as pneumonia, fibrosis/lung scarring, or heart failure. Please see [CAN-PCC recommendations on chest x-ray](#) for more information.

- **A chest CT scan** also takes a picture of your lungs and heart but with greater detail than an x-ray. It is recommended that a CT scan be completed for people with Long COVID who have respiratory symptoms and abnormalities detected on chest X-ray or chest CT before, or people who were hospitalized during their COVID-19 illness. Please see CAN-PCC recommendations on CT chest for more information for [people at high risk of pulmonary complications](#) and [people at low risk of pulmonary complications](#).

A doctor may request a blood test to rule out certain heart conditions, if you are experiencing heart and/or lung symptoms, including chest pain. The results may include the following:

- **BNP (B-type natriuretic peptide) tests or NT-proBNP (N-terminal pro b-type natriuretic peptide) tests** help to screen for serious heart conditions, such as heart failure. This test is recommended to help diagnose (or rule out) heart conditions in people with Long COVID who are experiencing heart and/or respiratory symptoms. If you have an abnormal BNP or NT-proBNP test, a doctor may order additional tests (such as an echocardiogram) to help identify if you have a heart condition. Please see the [CAN-PCC recommendation on BNP/NT-ProBNP test](#) for more information.
- **Troponin tests** are recommended to help diagnose (or rule out) heart conditions in people with Long COVID who are experiencing heart or respiratory symptoms. If you have an abnormal troponin test, a doctor may order additional tests (such as an electrocardiogram or stress test) to help identify if you have a heart problem. Please see the [CAN-PCC recommendation on the troponin I test](#) for more information.
- **C-reactive protein tests** can help diagnose (and rule out) some conditions such as acute pericarditis (an inflammation of the fluid-filled pouch around your heart, causing pain) and autoimmune conditions. If your CRP test is abnormal, further investigations are usually required to make a diagnosis. Please see [the CAN-PCC recommendation on C-reactive protein test](#) for more information.
- **A D-dimer measurement** helps to detect blood clot in a vein or artery that can block blood flow (also called acute thrombosis). Your healthcare provider may order this test if you have specific symptoms of thrombosis, such as pain, swelling of the leg, or pleuritic chest pain. Please see [the CAN-PCC recommendation on d-dimer measurement](#).

Chest pain and Long COVID

Sometimes people with Long COVID have chest pain that persists but cannot be explained by usual tests. Although we may not know what is causing this chest pain, this doesn't mean that the pain is not real.

Chest pain can sometimes be a symptom that accompanies a form of dysautonomia called postural orthostatic tachycardia syndrome (POTS), which some people with Long COVID experience. POTS is when you feel your heart rate increase rapidly and are lightheaded when you stand up.

Often people with Long COVID experience some type of chest pain during a flare up of other symptoms, such as fatigue, brain fog, and palpitations. Like with these other symptoms, applying a pacing strategy is often helpful.

Where to next?

- Read the recommendations by Canadian Guidelines for Post COVID-19 Condition on:
 - [Electrocardiograms](#)
 - [24-hour Holter monitor](#)
 - [Echocardiograms](#)
 - [Chest x-rays](#)
 - Chest CT scans
 - [for people who are at high risk of pulmonary complications](#)
 - [for people who are at low risk of pulmonary complications](#)
 - [BNP tests](#)
 - [Troponin tests](#)
 - [C-reactive protein tests](#)
 - [D-dimer measurement](#)

