

## 2.06 CHEST PAIN / ACUTE CORONARY SYNDROME

### BLS Treatment

- Assess circulation, airway, breathing, and responsiveness.
- Position of comfort. Position supine as tolerated if SBP < 90 or dizzy.
- NPO. Unless otherwise noted
- Oxygen as indicated; with appropriate adjuncts as indicated.

### ALS Treatment

**Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.**

- **Aspirin**
- 12-lead EKG must be done prior to administration of **Nitroglycerin (NTG)** or **Morphine Sulfate**
- If 12-lead EKG interpretation is compatible with "STEMI" per EKG protocol, initiate transport and notification of the appropriate STAR center.
- IV with **Normal Saline** TKO, large bore if possible.
- **Nitroglycerin (NTG)**
- **Morphine Sulfate**
- **Ondansetron**
- **Normal Saline** fluid bolus
- **Dopamine**

### USE 12-LEAD EKG TO DETERMINE SAFETY OF NITROGLYCERIN ADMINISTRATION

- Determine presence of ST elevation in leads II, III and AVF. If ST elevation is present, then apply V4R lead.
- If ST elevation in V4R, DO NOT give **NTG** (in order to maintain RV filling pressure).
- If no ST elevation in V4R and no clinical signs of shock, including SBP < 90 Hg, then it is safe to give **NTG**.