

MYOCARDIAL ISCHEMIC CHEST PAIN / ACUTE CORONARY SYNDROME

Characterized by: Substernal chest pain, chest or epigastric discomfort often described as a heaviness or squeezing, burning or tightness which may radiate to the jaw, shoulders or arms (usually left). May be associated with dyspnea, nausea, diaphoresis, dizziness and/or anxiety. The patient may have a history of coronary artery disease and/or previous myocardial infarcts. Patients with a myocardial infarction with ST segment elevation (STEMI) have been shown to have better outcomes when transported directly to hospitals capable of interventional cardiology.

Field Treatment - BLS

OXYGEN: High Flow, as tolerated

POC & VITALS Keep patient in position of comfort, assess vitals

Field Treatment - ALS

MONITOR: Treat rhythm as appropriate

ASPIRIN: 324 mg (4 standard 81 mg chewable tablets) Contraindicated in patients with known allergy to aspirin or ACTIVE GI Bleed.

12 LEAD ECG: If interpretation results reveal *****ACUTE MI SUSPECTED*****, expedite transport to either DMC or MMC, as directed, for possible PCI or CABG, if transport time is 60 minutes or less. It is preferable to obtain 12 lead prior to Nitro administration or transport.

NITROGLYCERIN: 1/150 (0.4 mg) sublingual X 3 doses (if systolic BP greater than 100 mmhg) to relieve pain. Should repeat every 5 min. Must repeat vitals before each dose to ensure systolic BP remains above 100 mmhg. Contact Base for patients that have taken an erectile dysfunction med. within previous 36 hours.

Transport:
Max. Scene Time: **15 min.** For STEMI patients, contact the EMS Dispatch Center for destination, unless patient has a preference between DMC or MMC. Contact receiving center ASAP to advise regarding STEMI transport. **Perform IV, Nitro Paste and other procedures enroute to STEMI center.**

IV ACCESS: TKO (preferably with 18g or larger catheter). All unsuccessful IV attempts must be documented carefully.

NITROGLYCERIN PASTE: 1" to chest wall (use with caution in inferior wall MI). If systolic BP drops below 100 mmhg, remove Nitro Patch.

MORPHINE: 2-10 mg increments slow IV (if systolic BP greater than 100 mmHg) to relieve pain. May repeat every 5 min. as needed to a maximum of 10 mg in 15 min. (must repeat vitals before each dose to ensure that the systolic BP remains above 100 mmHg). Additional doses shall be by base hospital order only.

CONTACT BASE: For STEMI alerts, contact only as needed for assistance.
(may be done enroute) For Non-STEMI patients, follow normal Base contact procedures.

Considerations:

LIDOCAINE: 1.5 mg/kg IVP for frequent couplets or non-sustained V-tach (3 or more beats in a row)