



Chest Pain – Cardiac Suspected

Medical

CRITERIA

- Description of symptoms sounds suspiciously cardiac
- Watch for atypical presentation of signs and symptoms in all patients and especially in women, diabetics, geriatrics, cocaine users
- Short ECG to Balloon time is a primary goal in treatment of chest pain

PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact protocol.</i>	EMR
EMR	Obtain patient history for: <ul style="list-style-type: none">• Active internal bleeding• Prolonged CPR• Recent surgery• Prior CVA• Severe hypertension• Pregnancy• Cocaine usage within 24 hours	EMR
EMT	Administer <i>chewable Aspirin 324 mg PO</i> 🔔 Give aspirin even if patient is on daily aspirin regimen	EMT
EMT	Obtain a 12-lead EKG within 5 minutes. Transmit and/or report findings to Medical Control immediately.	EMT
EMT	Consider oxygen administration if oxygen saturation <94%	EMT
EMT	If patient has their own prescribed nitroglycerin, assist the patient with one Nitroglycerin 0.4mg SL. OR Administer one <i>Nitroglycerin 0.4mg SL</i> from the PEMS Regional Drug Box. If BP is stable (greater than 100 mm/Hg) and no pain relief results, repeat NTG every 5 minutes up to a total of three doses.	EMT
I	<i>Morphine Sulfate 2.5-5.0 mg IM or IV/IO</i> titrated to pain relief over 1 minute; repeat 2 mg every 5 minutes; (maximum dose 10 mg) as long as patient systolic blood pressure is greater than 90 mm/Hg. OR <i>Fentanyl (Sublimaze) 25mcg IN, IM, or IV/IO</i> over 2 minutes as initial dose; may repeat 25 – 50 mcg every 5 minutes titrated to pain relief, up to maximum dose of 200 mcg as long as systolic blood pressure is greater than 90 mmHg and patient remains conscious.	I
MC	If the maximum dose has been reached and the pain persists, contact Medical Control. Medication administration must not delay patient transport.	MC



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PEARLS

- Monitor cardiac status. Record 12-Lead ECG prior to Nitroglycerin administration (BLS with OMD approval)
 - Limit IV attempts in anticipation of subsequent anticoagulation therapy
 - If 12-Lead ECG criteria of 1 mm ST elevation in 2 or more contiguous leads OR 12-Lead ECG interpretation with an “ACUTE MI” statement OR Left Bundle Branch Block NOT KNOWN to be present in the past, immediately transport (< 15 minute scene time) to PCI center. See Administrative Policies – STEMI Field Triage. Consider right-sided 12-Lead or 15-Lead ECG.
 - Do not administer Nitroglycerin (Nitrostat) if the patient has taken any Nitrate based, sexually enhancing, or pulmonary hypertension medication such as Sildenafil (Viagra), Sildenafil (Revatio), Vardenafil HCL (Levitra) or a similar drug within the last 24 hours, or Tadalafil (Cialis) within 48 hours.