



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: September 1, 2018

CHEST PAIN/DISCOMFORT WITH CARDIAC ETIOLOGY

Adult

Indications

- Chest or upper abdominal discomfort
- Chest discomfort with radiation to jaw, neck, left shoulder, back, or left arm
- Chest discomfort with nausea, diaphoresis, and/or dyspnea

BLS

Assess vital signs
O₂, titrate SpO₂ to \geq 94%

ALS

Cardiac Monitor, 12-Lead ECG, Waveform EtCO₂, Vascular Access

For patients meeting STEMI criteria transmit the 12-Lead ECG and contact the STEMI Receiving Center with a “**STEMI Alert**” (preferably from the scene)

Aspirin 325 mg chewable PO

Aspirin should be administered to all patients **UNLESS there is a history of anaphylaxis even if the patient has already taken Aspirin*

SBP > 100 & HR > 50 or < 120

Nitroglycerin 0.4 mg SL tablet or spray

- May repeat every 5 minutes

SBP > 100

Fentanyl 50 mcg SIVP

- May repeat every 5 minutes
- Max Dose 200 mcg

SBP < 100

Fluid Bolus NS 250 mL IV

- May repeat as needed

Consider

- **For patients meeting STEMI Criteria consider placing D-fib pads.**
- Pain reduction is the ultimate goal for patients experiencing cardiac related chest pain/discomfort. If nitroglycerine is ineffective in relieving pain, early use of fentanyl is encouraged.
- Avoid Nitroglycerin if the patient has taken erectile dysfunction medication within the last 24 hours.
- Female, geriatric, and diabetic patients often have atypical pain/discomfort, have a high index of suspicion for these patients and perform early 12-Lead ECG.
- Serial 12-Lead ECG's are encouraged.

Direction

- If there is any concern about the destination decision, transmit the 12-Lead ECG to the Base Hospital Physician for a destination decision