

Chest Pain/Acute Coronary Syndrome – 10.070

TREATMENT:

- A. Treat per Universal Patient Care.
- B. Consider **Oxygen** only if hypoxic or severely dyspneic to maintain a SpO₂ ≥93%.
- C. Monitor cardiac rhythm. Promptly obtain a 12 lead ECG in patients experiencing chest pain or suspected anginal equivalent (e.g. neck, shoulder, or jaw pain, dyspnea, diaphoresis).
- D. Establish IV access.
- E. Transport ASAP to closest appropriate cardiac facility.
- F. Obtain vital signs including SpO₂ and obtain a medical history.
- G. Consider the following treatment options:
 1. **Aspirin 324 mg PO** (refer to relative contraindications on med sheet)
 2. **Nitroglycerin 0.4 mg SL** if BP is ≥100 mmHg and there is no indication of an Inferior infarct noted on EKG. May repeat up to 3 total doses q5 mins. **DO NOT ADMINISTER NTG IF PT HAS USED PHOSPHODIESTERASE INHIBITORS IN LAST 48 HOURS.**
 3. Treat ongoing pain per Pain Management protocol
- H. Treat any dysrhythmias per appropriate Cardiac Dysrhythmia protocol.

PEDIATRIC PATIENTS:

- A. Consider pleuritic causes or trauma.
- B. Contact OLMC for advice.

NOTES & PRECAUTIONS:

- A. Avoid giving nitroglycerin to patients with an inferior myocardial infarction (ST elevation in II, III and AVF) as this may result in hypotension due to right ventricle involvement. The latter is present in 50% of such infarcts.
- B. If initial 12-lead negative or inconclusive consider repeating every 3-5 minutes if symptoms persist or change.
- C. Email/Fax 12 lead ECG and consult medical control if there are concerns.

FIELD IDENTIFIED ST-ELEVATION MI (STEMI)

Indication: 12-lead ECG with:

- A. Consider automatic ECG Interpretation of “Acute MI”
- B. Paramedic interpretation of probable STEMI
 - a. Women with 1.5 mm ST elevation in V2/V3 or Men with 2 mm ST elevation in V2/V3 and/or
 - b. 1 mm ST elevation in any other 2 or more contiguous leads
 - c. Local ED calls a STEMI based on transmitted 12-lead ECG if available

Action:

- A. Activation of **HEART ONE** via HEAR ASAP.
- B. Rapid transport, if feasible, to SCMC-B (or other hospital with interventional capability)
- C. If available, transmit 12-lead ECG to destination hospital.

Myocardial Infarction	Leads
Inferior	II, III, aVF
Septal	V1-V2
Anterior	V3-V4
Lateral	I, aVL, V5, V6

DOCUMENT:

1. ABCs
2. Medical History
3. Onset time of signs and symptoms
4. Cardiac Rhythm
5. If a therapy, especially aspirin, was withheld, why
6. SpO₂, VS
7. GCS
8. Color, diaphoresis
9. Lung sounds
10. Response to treatment