	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8030.27
	PROGRAM DOCUMENT: **Discomfort/Pain of Suspected Cardiac Origin**	Initial Date:	09/07/14
		Last Approval Date:	09/23/24
		Effective Date:	05/01/25
		Next Review Date:	09/01/26

Signature on File
EMS Medical Director

Signature on File
EMS Administrator

Purpose:

A. To establish the treatment standard in patients with discomfort/pain of suspected cardiac origin.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Protocol:

BLS

1. ABC's/Routine Care-Supplemental O_2 as necessary to maintain $SPO_2 \geq 94\%$. Use the lowest concentration and flow rate of O_2 as possible.
2. Aspirin (ASA) - Administer 324mg chewable ASA orally, except in cases of allergy to ASA. Concurrent anticoagulation therapy is not a contraindication for ASA administration. If ASA is not administered, the reason shall be documented in the ePCR.
3. Transport

ALS

1. Assessment, treatment, and transport should occur concurrently when a single good quality Electrocardiogram (ECG) is completed. Scene time for suspected STEMI patients should be ≤ 10 minutes when possible.
2. Pulse oximetry shall be used.
3. Cardiac monitor
4. Obtain 12-Lead ECG.
5. If the patient ECG is consistent with an acute STEMI by software algorithm interpretation, the following shall be performed without delay:
   - Transmit the 12-lead ECG to the closest designated STEMI center.
   - Transport to the closest designated STEMI center.
   - Perform a Pre-Alert notification to the closest designated STEMI center. The alert should include the following information when possible: patient's name, date of birth, and / or medical record number.
   - The primary impression of STEMI must be documented in the ePCR.
   - A copy of all 12-Lead ECGs shall be delivered with the patient.

NOTE: NTG is contraindicated in the setting of a STEMI.

6. If 12-lead ECG is **NOT** consistent with an acute STEMI:
    - Administer NTG 0.4 mg sublingual if Systolic Blood Pressure (SBP) >90mmHg. May be repeated every 5 minutes.
    - Titrate subsequent NTG to pain relief as long as the SBP> 90 mmHg while simultaneously establishing vascular access.
    - Absence of vascular access shall not preclude use of NTG as long as all other criteria are met.

Caution: NTG shall not be given to patients who have taken PDE-5 inhibitors [Avanafil, Sildenafil, Tadalafil, Vardenafil, Vardenafil, or equivalent] within the last 48 hours.

7. Establish vascular access.

Special Considerations:

1. If NTG is contraindicated or after the third (paramedic-administered) NTG, the patient does not have relief of chest discomfort/pain; the paramedic may elect to administer pain medication as per Policy# 8066 (Pain Management)
2. If patient is nauseated and/or vomiting refer to Policy# 8063 (Nausea/Vomiting).

Cross Reference: PD# 8066 – Pain Management
PD# 8063 – Nausea and/or Vomiting
PD# 8827 – 12 Lead ECG