Discomfort – Pain of Suspected Cardiac Origin

EMS Medical Director:
Signature on File
EMS Administrator:
Signature on File

Chest pain?
Signs/symptoms consistent with cardiac etiology?

Yes

E	ABC's/Routine Care – Supplemental O2 as necessary to maintain SpO2 ≥ 94%
	Aspirin 324mg PO
P	Cardiac Monitor
	12 Lead ECG

Acute MI/STEMI?

No

P	**Nitroglycerin 0.4mg sublingual** if systolic BP is > 90. May be repeated every 5 minutes.
	Titrate subsequent NTG to pain relief as long as SBP > 90 while simultaneously establishing vascular access

Yes

P	Transmit 12 to closest designated STEMI center
	Transport to closest designated STEMI center
	Perform a Pre-Alert
	Primary Impression of STEMI must be documented in the ePCR.
	A copy of all 12 Lead ECGs shall be delivered with the patient
	Establish IV/IO

DRAFT

E	EMT
A	A-EMT
P	PARAMEDIC

Adult Medical Treatment Protocols

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- 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.
- If the patient ECG is consistent with an acute STEMI by software algorithm interpretation, the following shall be performed without delay:
  - **a.** Transmit the 12-lead ECG to the closest designated STEMI center.
  - **b.** Transport to the closest designated STEMI center.
  - **c.** 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.
  - **d.** The primary impression of STEMI must be documented in the ePCR.
  - **e.** A copy of all 12-Lead ECGs shall be delivered with the patient.

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

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.

Special Considerations:

- Absence of vascular access shall not preclude use of NTG as long as all other criteria are met.
- 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)
- 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