COUNTY OF SACRAMENTO
EMERGENCY MEDICAL SERVICES AGENCY

Program Document: **Discomfort/Pain of Suspected Cardiac Origin**
Policy Number: 8030.28

Initial Date: 09/07/14
Last Approved Date: 09/23/24

Effective Date: 05/01/27
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:

A. BLS

1. ABC's/Routine Care-Supplemental O2 as necessary to maintain SPO2 ≥ 94%. Use the lowest concentration and flow rate of O2 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

B. 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:
   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.

6. If 12-lead ECG is NOT consistent with an acute STEMI:
   a. Administer NTG 0.4 mg sublingual if Systolic Blood Pressure (SBP) >90mmHg. May be repeated every 5 minutes.
   b. Titrate subsequent NTG to pain relief as long as the SBP> 90 mmHg while simultaneously establishing vascular access.
   c. 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