

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: 03/08/12

SUBJECT: CHEST PAIN (Suspected Cardiac Origin)

POLICY NUMBER: 9170

<p style="text-align: center;"><u>BLS</u></p>	<p style="text-align: center;"><u>ALS</u></p>
<p>Ensure patent airway, monitor O2 saturation, give oxygen and/or ventilate to a target saturation of 94% prn.</p> <p>Do not allow patient to walk or exert self</p> <p>May assist patient with prescribed Nitroglycerin 0.4 mg (1/150 gr) sublingual if BP > 100 systolic</p>	<p>SO Monitor ECG; Obtain 12 lead if available and report STEMI findings; Monitor O2 saturation</p> <p>SO Establish IV TKO</p> <p>SO Treat dysrhythmias per specific protocol</p> <p>SO Nitroglycerin 0.4 mg (1/150 gr) SL q 5 min. X 3 if BP ≥ 90 systolic (*AEMT if BP ≥ 100 systolic) additional NTG per BH</p> <p>SO Aspirin 162 mg chewable PO</p> <p>SO Morphine Sulfate 2-20 mg in 2 mg increments IVP; titrate to pain relief</p> <p><u>HYPOTENSION (suspected Cardiogenic Shock)</u></p> <p>SO Fluid challenge 250 mL with clear lungs; may repeat per BH</p> <p>BH Dopamine 400 mg/250 mL NS, run at 5-20 mcg/kg/min IV; titrate to systolic BP 90-100 mmhg</p> <p>NOTE:</p> <p>Ask patients who are candidates for nitroglycerin if they are on erectile dysfunction medications and, if so, the dose and time last taken. No nitroglycerin should be given under standing orders to a patient who has taken erectile dysfunction medications within the last 48 hours. If Base contact cannot be made and a patient is experiencing chest pain who has taken erectile dysfunction medication in the last 48 hours and IV line should be started and small doses of morphine (2 mg increments) should be given and titrated to pain relief with necessary fluid</p>
<p>NOTE: For suspected thoracic aortic aneurysm, transport immediately.</p>	

APPROVAL:



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