

Treatment Protocols**Date: 07/01/2023****Chest Pain/Discomfort (Suspected ACS) - Adult****Policy #9080A**

<p style="text-align: center;"><u>Stable</u></p> <p style="text-align: center;">Systolic blood pressure >90 mmHg</p>	<p style="text-align: center;"><u>Unstable</u></p> <p style="text-align: center;">Systolic blood pressure <90 mmHg, and/or signs of poor perfusion</p>
Adult BLS Standing Orders	
<ul style="list-style-type: none"> • Universal Patient Protocol • Oxygen or ventilate – as needed to O₂ saturation of 95% <p>For suspected ACS:</p> <ul style="list-style-type: none"> • Aspirin chewable 324 mg PO - May <u>assist</u> patient self-medicate with prescription • Nitroglycerin 0.4 mL SL – May <u>assist</u> patient self-medicate with prescription. SBP>100mmHg • Capnography 	<ul style="list-style-type: none"> • Universal Patient Protocol • Oxygen or ventilate – as needed to O₂ saturation of 95% <p>For suspected ACS:</p> <ul style="list-style-type: none"> • Aspirin chewable 324 mg PO – May <u>assist</u> patient self-medicate with prescription • Capnography
Adult LALS Standing Order Protocol	
<ul style="list-style-type: none"> • Establish IV • Capnography <p>For suspected ACS:</p> <ul style="list-style-type: none"> • Aspirin 324 mg PO chewable • Nitroglycerin 0.4 mg SL if SBP \geq 100 mmHg MR x2 q5 min • Nitroglycerin 0.8 mg SL if SBP \geq 150 mmHg MR x1 q5 min with persistently elevated SBP • Repeat vital signs between doses and types of nitroglycerin. Maximum dose 1.6 mg 	<ul style="list-style-type: none"> • Establish IV • Capnography • 250 mL NS IV MR to a max of 1,000 mL to maintain a SBP of \geq 90 mmHg if patient is without rales and there is no evidence of heart failure <p>For suspected ACS:</p> <ul style="list-style-type: none"> • Aspirin 324 mg PO chewable
Adult ALS Standing Order Protocol	
<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography • Obtain 12 Lead ECG *prior to administration of nitro* • Pain Management Protocol PRN • Ondansetron 4 mg IV/IO/IM/ODT PRN, MR x1, total 8 mg <p>For suspected ACS:</p> <ul style="list-style-type: none"> • Aspirin 324 mg PO chewable • Nitroglycerin 0.4 mg SL if SBP \geq 100 mmHg MR x2 q5 min 	<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography • Obtain 12 Lead ECG *prior to administration of nitro* • Pain Management Protocol PRN • Ondansetron 4 mg IV/IO/IM/ODT PRN, MR x1, total 8 mg • 250 mL NS IV/IO MR to a max of 1,000 mL to maintain a SBP of \geq 90 mmHg if patient is without rales and there is no evidence of heart failure

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<ul style="list-style-type: none"> Nitroglycerin 0.8 mg SL if SBP \geq 150 mmHg MR x1 q5 min with persistently elevated SBP Nitroglycerin paste, 2%, 1 inch if SBP > 150 mmHg Repeat vital signs between doses and types of nitroglycerin. Maximum dose 1.6 mg <p>Hold nitroglycerin in suspected inferior STEMI patterns (ST elevation in II, III, avF)</p>	<p>For suspected ACS:</p> <ul style="list-style-type: none"> Aspirin 324 mg PO chewable <p>If patient develops arrhythmia, follow Dysrhythmia Protocol</p> <ul style="list-style-type: none"> Dopamine 400 mg/250ml 5-20 mcg/kg/min titrate to SBP > 100 mmHg BH
Adult Base Hospital Orders	
<ul style="list-style-type: none"> BH – NTG > 3 doses or NTG tablets/spray with nitro paste 	<ul style="list-style-type: none"> BH – Repeat NS IV if BP < 100 mmHg SBP BH - Dopamine 400 mg/250ml – 5-20 mcg/kg/min titrate to SBP > 100 mmHg
Notes	
<ul style="list-style-type: none"> Report all automated, or paramedic identified 12-Lead interpretations of ***ACUTE MI*** or STEMI to receiving facility prior to arrival If chest pain has resolved prior to EMS evaluation, based on clinical history, provider should determine suspicion of ACS. If suspicion of ACS is high, medications should be administered appropriately. If LEMSA approved STEMI facility present, transfer all STEMI to STEMI center <ul style="list-style-type: none"> Prearrival ECG is required to be transmitted to STEMI center Aspirin is contraindicated for patients with known allergy or history of GI bleeds or ulcers If any patient has taken an erectile dysfunction medication such as Viagra, Cialis, Levitra within 48 hours, NTG is contraindicated and can be deadly May encounter patients taking similar medication for pulmonary hypertension (Revatio, Flolan, Veletri). NTG is contraindicated in these patients as well Aspirin should be given regardless of prior daily dose(s). Does not apply to pediatrics In all patients, ask for any history of heart problems, including Kawasaki's or previous heart surgeries for pediatric patients 	

APPROVED:

Signature on FileKatherine Staats, M.D. FACEP
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