

Treatment Protocols

Date: 02/01/2021

Chest Pain/Discomfort (Suspected ACS) - Adult

Policy #9080A

<p><u>Stable</u> Blood pressure >90 mmHg</p>	<p><u>Unstable</u> Systolic blood pressure <90 mmHg, and/or signs of poor perfusion</p>
<p>Adult BLS Standing Orders</p>	
<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"> • Nitroglycerin 0.4 mL SL - May assist patient self-medicate with prescription. BP >100 mmHg systolic (Max 3 doses) • Aspirin chewable 324 mg PO - May assist patient self-medicate with prescription 	<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 assist patient self-medicate with prescription
<p>Adult LALS Standing Order Protocol</p>	
<ul style="list-style-type: none"> • Establish IV <p>For suspected ACS:</p> <ul style="list-style-type: none"> • Aspirin 324 mg PO chewable • Nitroglycerin 0.4 mg SL (may repeat every 5 mins) SBP ≥ 100 mmHg 	<ul style="list-style-type: none"> • Establish IV • Normal Saline 250 mL IV if patient without rales, or signs of overt heart failure <p>For suspected ACS:</p> <ul style="list-style-type: none"> • Aspirin 324 mg PO chewable
<p>Adult ALS Standing Order Protocol</p>	
<ul style="list-style-type: none"> • Continuous monitor: ECG, EtCO2 Monitor, blood pressure and pulse oximetry • Obtain 12 lead ECG • Establish IO PRN • Ondansetron 4 mg ODT/IV/IO for nausea or vomiting • Use Pain Medication Protocol PRN <p>For suspected ACS:</p> <ul style="list-style-type: none"> • Nitroglycerin 0.4 mg SL (may repeat every 5 mins) SBP ≥ 100 mmHg • Hold Nitroglycerin in suspected inferior STEMI patterns (ST elevation in II, III, avF) 	<ul style="list-style-type: none"> • Continuous monitor: ECG, EtCO2 Monitor, blood pressure and pulse oximetry • Place defibrillator pads on patient • Obtain 12 lead ECG • Establish IO PRN • Ondansetron 4 mg ODT/IV/IO for nausea or vomiting • Use Pain Medication Protocol PRN • If patient develops arrhythmia, follow Dysrhythmia Protocol
<p>Adult Base Hospital Orders</p>	
	<ul style="list-style-type: none"> • BH - Normal Saline 250 mL IV if BP < 100 mmHg SBP

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| | <ul style="list-style-type: none"> • BH - Dopamine 400 mg/250ml –
5-20 mcg/kg/min titrate to SBP > 100 mmHg |
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Notes

- Report all automated, or paramedic identified 12-Lead interpretations of *****ACUTE MI***** or STEMI to receiving facility prior to arrival
- **If LEMSA approved STEMI facility present, transfer all STEMI to STEMI center**
 - **Prearrival ECG should 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
- May encounter patients taking similar medication for pulmonary hypertension (Revatio, Flolan, Veletri). NTG is contraindicated in these patients as well
- Use appropriate PPE when preparing and applying NTG paste
- 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 File

Katherine Staats, M.D.

EMS Medical Director