Chest Pain
Adult Medical

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Austin County EMS Protocol & Guideline	
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Overview: Acute Coronary Syndrome (ACS) cannot be dismissed by the patient and/or medic. Early recognition and thorough assessment of frank and obscure signs and symptoms will help guide the medic to a good, comprehensive care plan.

Definition: ACS is any patient, without discrimination of age, history, etc., presenting with chest pain, peri-chest pain, and/or other frank or obscure signs and symptoms associated with cardiac event indicating inadequate tissue perfusion of the myocardium.

EMT

- Airway/Oxygen appropriate for condition
- Acquire 12 lead - If bradycardic and hypotensive – conduct a full right side 12 lead
- If print out states ***ACUTE MI*** notify responding Paramedic
- Transmit once contact with responding paramedic has been made and hospital destination has been determined
- **324 mgs Aspirin PO** if patient does not have an allergy, can swallow, and has not taken any
- **Ondansetron** 4mg tablet - May repeat once -for Nausea & Vomiting

AEMT

- Establish IV of Normal Saline

Nausea and Vomiting

- **Diphenhydramine** 25-50 mgs IV – 12.5 IM, **Max** dose 50 mgs - Use half dose in elderly patients

Paramedic

Initial Cardiac Treatments

- **Nitroglycerin**: 0.4 mg SL : May repeat PRN every 5 minutes if the Systolic pressure is >100mmHg

Myocardial Infarction

- **Normal Saline** up to 20 ml/kg if right ventricular infarct is identified

PEARLS

- May withhold advanced treatment if cardiac ischemia is not suspected based on history, examination, and ECG findings.
- Acute Coronary Syndromes may present atypically (without chest pain), especially in female and/or diabetic patients. Other presentations that may require a 12-lead ECG include: dizziness, palpitations, SOB, nausea/vomiting/ABD pain, acid indigestion/heartburn, upper extremity/neck/jaw pain, back or shoulder pain, weakness, general malaise, or syncope/near syncope.
- Morphine provides added benefit of reducing cardiac work load, however, Fentanyl can be utilized in place of Morphine or if Morphine does not provide adequate pain relief.
- Oral anticoagulant therapy (i.e. daily Warfarin, Xarelto, ASA, etc.) is not a contraindication to **Aspirin** administration
- **Nitroglycerin** is the drug of choice for relieving ischemic chest pain and should be administered prior to opiates.
- **Nitroglycerin** should be used with extreme caution in a patient having a right ventricular infarction, and may be administered prior to an IV being established only when a 12-lead ECG shows no indication of possible right ventricular infarction.
- **Nitroglycerin** must be used with caution in the patient who has taken a phosphodiesterase inhibitor (Viagra, Cialis, Levitra, etc…) within 24 hours. A significant BP drop occurrence post **Nitroglycerin** administration should be anticipated.
- A developing Left Bundle Branch Block (LBBB) should be treated like ST Elevation, and makes the patient a candidate for cardiac catheterization and/or thrombolytic therapy (See STEMI Protocol).
- If a patient has recurring symptoms, the time of onset is considered to be when the symptoms became constant.
- Minimum of 2 quality 12 leads should be performed on any patient that receives a 12 lead to identify trending.