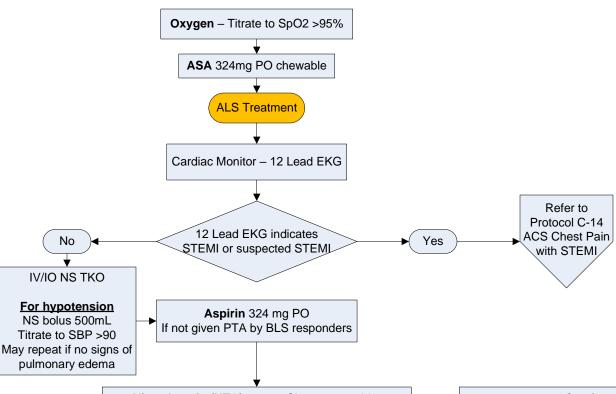
Effective: August 26, 2023 Review: August 2025

Cardiac Emergencies C-10 Chest Pain – Cardiac

BLS and General Treatment

Airway/Breathing/Circulation
Determine degree of physiologic distress
Obtain PQRST and attempt to ascertain cardiac origin
Reassess vital signs frequently

Early contact of receiving hospital



Nitroglycerin (NTG) 0.4 mg SL spray or tablet If no pain relief and SBP >100, repeat q 5 minutes max of 3 doses

If SBP drops below 100 at anytime, do NOT give NTG.

Caution

Do not give NTG to patients that have taken PDE-5 inhibitors (Avanafil, Sildenafil, Tadalafil, Vardenafil, or equivalent) within the last 48 hours or an inferior STEMI is indicated.

For ongoing chest pain

Morphine Sulfate 2 mg SLOW IV/IO/IM q 5 minutes max dose of 8mg

OR

Fentanyl 25 mcg SLOW IV/IO/IM/IN q 5 minutes to max dose of 100 mcg

Maintain SBP >100.

Recheck vital signs and document before each dose of Morphine or Fentanyl. If SBP drops below 100 at anytime, DO NOT give Morphine or Fentanyl.

For nausea or vomiting consider

Ondansetron 4mg PO/ODT/IM or IV administered over 1 mintue

Transport Contact Base for additional medication orders

DISRUPTED COMMUNICATIONS

In the event of a "disrupted communications" situation where a base hospital physician cannot be contacted for orders, Solano County Paramedics MAY utilize all portions of this protocol without base hospital contact as is needed to stabilize an immediate patient.