

Cardiac Emergencies

C-10 Chest Pain likely Acute Coronary Syndrome (ACS) (Cardiac in Nature)

Priorities
 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

Oxygen – Titrate to SpO2 >95%

Cardiac Monitor – 12 Lead EKG

12 Lead EKG indicates Acute MI

Yes

Refer to Protocol C-14 ACS Chest Pain with STEMI

No

IV/IO NS TKO

Aspirin 324 mg PO
If no contraindications

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

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

OR

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

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.

Contact Base for additional medication orders

Transport

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.