

# Cardiac Emergencies

## C-10 Chest Pain – Cardiac

**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 STEMI or suspected STEMI

Yes

Refer to Protocol C-14 ACS Chest Pain with STEMI

No

IV/IO NS TKO

**Patient transport to NBMC only:**  
  
**Venous blood draw (optional)**  
 1-Blue top tube  
 1-Red top tube  
 1-Green top tube  
 1-Lavender top tube

**Aspirin 324 mg PO**  
 If no contraindications and not given PTA by BLS responders

**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.

**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.

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.