

c-10 CHEST PAIN

PRIORITIES:

- ABCs
- Degree of distress? Shock?
- Assure an advanced life support response
- History
- Collect Medications

Chest Pain Suspicious of Cardiac Origin

Substernal pain, discomfort or tightness radiating to jaw, left shoulder or arm, nausea, diaphoresis, dyspnea, anxiety.

1. OXYGEN THERAPY – Begin oxygen at 6 liters/minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respiration as needed. DO NOT withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD;
2. Reassure the patient and place in a position of comfort;
3. Loosen tight clothing;
4. Restrict patient movement, lift patient onto stretcher;
5. If the patient wants to take their own medication allow them to do so;

SPECIAL NOTE:

If the patient wants to take their own **nitroglycerine**, allow the patient to do so. **Nitroglycerine** tablets or spray should only be used one at a time, 5 minutes apart, up to 3 tablets. It is recommended that a patient with a blood pressure less than 110mmHg be advised not to take medication because of the risks associated with hypotension. Blood pressure, pulse and respirations must be checked each time a patient takes their own medication. If the blood pressure drops dramatically, or the patient exhibits a decreased level of consciousness, lay the patient down and elevate legs. Counsel the patient not to take any more medications until an ALS unit arrives on scene. ***Nitroglycerine use is contraindicated if the patient is taking Viagra.***

6. If there are signs of shock, see SHOCK (Non-Traumatic).
7. Assist advanced life support personnel with patient packaging and movement to ambulance.