

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

Oxygen – Titrate to SpO2 >95%

ASA 324mg PO chewable

ALS Treatment

Cardiac Monitor – 12 Lead EKG

12 Lead EKG indicates
STEMI or suspected STEMI

No

Yes

Refer to
Protocol C-14
ACS Chest Pain
with STEMI

IV/IO NS TKO
For hypotension
NS bolus 500mL
Titrate to SBP >90
May repeat if no signs of pulmonary edema

Aspirin 324 mg PO
If 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 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.