302

CHEST DISCOMFORT / SUSPECTED ACUTE CORONARY SYNDROME (ACS)

REVISION: 04/25

(Signature On-file)
David Duncan, EMS Agency Medical Director

PROTOCOL PROCEDURE: *Possible thrombolytic / ST Elevation Myocardial Infarction (STEMI) candidates should be identified and transported immediately with treatment performed en route. Not all ACS/STEMI patients present with chest pain; other signs or symptoms (such as: feelings of impending doom, diaphoresis, palpitations, nausea, dyspnea, pain in back, arm, neck, abdomen or jaw) may indicate an ACS/STEMI. Contact the Base Hospital for all STEMI patients and for orders in all suspected ACS/STEMI cases not presenting with chest discomfort, pain, or pressure. Consider air transport for STEMI patients in remote areas with long ground transport times. Assure time to destination for air is faster than time to destination for ground if air is chosen.* ***12 lead EKGs cannot solely diagnose AMI. Treat all suspected cardiac symptoms if 12 lead is non-diagnostic.***

ADULT/PEDIATRIC

Basic Life Support

EMT

Routine Patient Care

- Assess and Support Airway. Use adjuncts as needed.
- Titrate oxygen if SpO2% < 94% or signs of hypoperfusion or respiratory distress.
- Keep patient in a position of comfort. Limit exertion.

ASPIRIN*
324mg PO

If patient self-administered prior to EMS, administer additional to equal 324mg

MEDICATION ASSISTANCE - BLS personnel may assist patient with own medications (i.e. NTG), see **Field Policy: BLS Medication Administration.**

Advanced Life Support

Paramedic

12-Lead ECG
Obtain and transmit if suggestive of STEMI

GOAL: < 10 minutes

If STEMI suspected, transport without delay. (see Fig.1 for destination)

Use teamwork to deliver interventions whilst packaging and transporting.

Vascular Access**

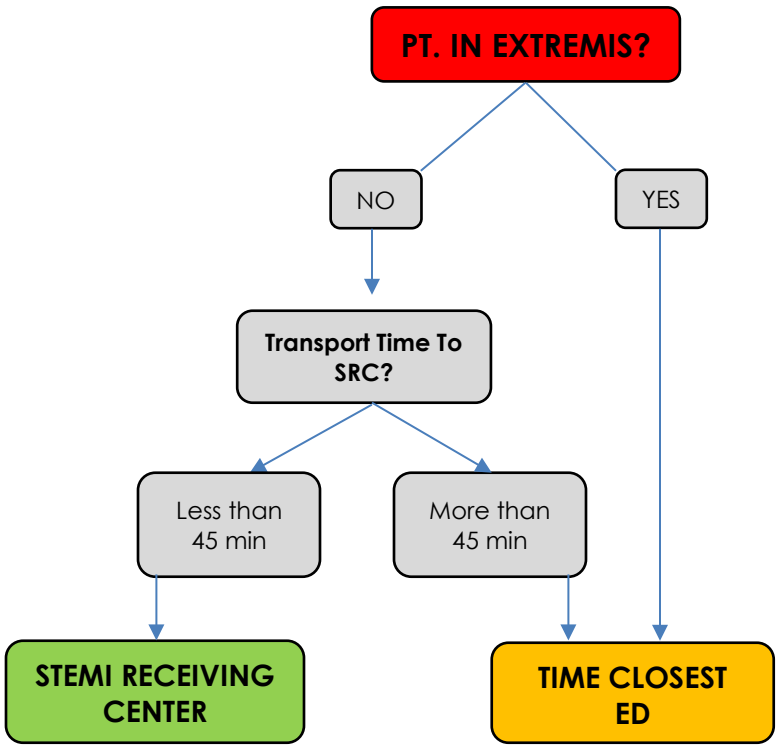
SBP > 100	SBP < 100
NITROGLYCERIN*** 0.4 mg SL q 5 min x 4 (withhold if SBP <100 or CP is relieved completely) **Consider 1" NTG paste** after reaching max of four SL NTG (Note time applied)	**Consider 250cc bolus** May repeat x1 (If SBP improves to >100, follow 'SBP>100' pathway) **Refer to (110) Shock protocol if SBP <100**

Consider
Pain Management
with
FENTANYL or **MORPHINE**
Per formulary

Exercise caution with MORPHINE as BP will drop.

DESTINATION

Fig.1



NOTES:

*ASA should be given even if the patient's symptoms have subsided.

** May later consider second IV and/or Twin Cath with saline lock for suspected STEMI/thrombolytic candidates.

***Withhold NTG if patient has taken any erectile dysfunction medication in the last 24 hours. Go directly to Fentanyl or morphine if SBP is >100 in this situation.