

CHEST PAIN/CARDIAC ISCHEMIA

BLS ACTION/TREATMENT:

- Stabilize:
 1. ABCs.
 2. Administer oxygen.
- Assessment:
 1. Vital signs (BP, pulse rate, respiratory rate).
 2. Document presence or absence of the patient being pale, sweaty, diaphoretic or short of breath.
- History:

Document if the patient used any of their own medications immediately prior to or during BLS arrival.
- Treatment:

May assist patient with administration of own nitroglycerine and aspirin per BLS Procedure Guidelines.

ALS ACTION/TREATMENT:

- Monitor cardiac rhythm and document with 12-lead ECG (see Treatment Guideline PR-105).
- Pulse oximetry (provide oxygen by mask if O₂ Saturation less than 92%).
- IV access.
 - Do not use intraosseous or external jugular lines in potential CVRC triage patients.
- Nitroglycerin if suspected ischemic cardiac pain:
 - 0.4 mg SL if systolic BP above 90 mm/Hg.
 - May repeat every 3-5 minutes; maximum total of 3 doses if systolic BP above 90 mm/Hg (not to include possible doses patient took prior to ALS arrival).

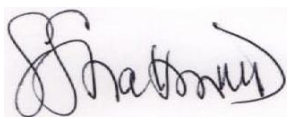
Subsequent doses (in addition to initial 3 ALS doses) may be repeated per Base order.

- Morphine Sulfate if pain not relieved with nitroglycerine:
 - 2 - 20 mg IVP titrated to pain and systolic BP greater than or equal to 90 mm/Hg.
- Aspirin if suspected cardiac pain and none taken by patient within four (4) hours previous to EMS arrival on scene (administer even if cardiac chest pain resolved prior to EMS arrival or with field treatment):
 - 4 chewable (81 mg) aspirin by mouth.
- For nausea or vomiting:
 1. Maintain airway, suction as necessary.
 2. Ondansetron (Zofran™):
 - Adult: ODT 8 mg (two 4 mg tablets) to dissolve orally as tolerated.

Boxed text indicates BH order

Unboxed text indicates standing order

Approved:



Treatment Guidelines: Cardiac: C-15
Implementation Date: 3/28/11

