



Section: BLS Medical Care – Standing Orders
Subject: CHEST PAIN
Section #: 320.06
Issue Date: March 21, 2011
Revision Date:
Approved By: 

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1. Basic BLS Treatments
2. Interventions:
 - a. **Oxygen (O₂):**
 - i. If patient's skin is warm and dry, then use nasal cannula @ 2 lpm
 - ii. If patient's skin is cyanotic, ashen, cool or moist, then use a non-rebreather mask (NRBM) @ 15 lpm
 - iii. If in doubt, use the NRBM
 - b. **Aspirin (ASA):**
 - i. Patient must agree to take the medication and be alert and able to protect their airway
 - ii. Four (4) 81 mg baby aspirin (324 mg total) by mouth.
 1. DO NOT give if the patient has taken aspirin with the last 24 hours or has allergies to ASA
 - c. **Nitroglycerin (NTG):**
 - i. HCFR EMTs may assist the patient in taking their own prescribed NTG if:
 1. If the patient's systolic BP is > 100 mmHg, **AND**
 2. The patient HAS NOT taken any erectile dysfunction medications within the last 48 hours
 - ii. Administer NTG 0.4 mg SL (tablet or spray form).
 1. May repeat this dose q5 minutes as needed as long as the systolic BP remains > 100 mmHg
 2. Max dose is 1.2 mg (3 doses) including any the patient may have taken on their own prior to HCFR arrival.
 - iii. If the patient becomes hypotensive (SBP < 100 mmHg) discontinue NTG therapy, lie the patient supine, and if the systolic BP remains below 100 mmHg, place the patient in the Trendelenburg position
3. ALS evaluation/transport criteria:
 - a. Patients with the following symptoms will be evaluated by ALS:
 - i. Any discomfort suspected to be of cardiac origin
 - ii. Suspected cocaine, methamphetamine or other stimulant use
 - iii. Cardiac history (CAD, previous MI, HTN)
 - iv. Indigestion or nausea in a patient >35 years old
 - v. Associated upper back pain
 - vi. Associated dyspnea
 - vii. Altered vital signs
 - viii. Diaphoresis
 - ix. Irregular pulse
 - x. Syncope
 - b. If **ANY** doubt as to the origin of the chest pain, the patient is ALS

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4. QA points:

- a. Reproducible chest pains either by deep inhalation or palpation of the chest DOES NOT rule out a cardiac event
- b. Co-administration of NTG and erectile dysfunction medications has been known to produce precipitous drops in SBP that may worsen ischemia and are difficult to reverse:
 - i. Serum levels of **sildenafil (Viagra®)** 24 hours after a single 100 mg dose are approximately 0.5% of the peak serum level
 1. However, there is no safety information regarding the co-administration of nitrates at this time interval.
 - ii. At least 48 hours should have passed between taking **tadalafil (Cialis®)** and administering nitrates.
 1. Long acting preparations of this medication may extend this unsafe period beyond 48 hours.
 - iii. A safe time period for the administration of nitrates after taking **vardeafil (Lavitra®)** has not been determined.