ADULT PROTOCOL

CHEST PAIN

UNIVERSAL PATIENT CARE PROTOCOL

DIAGNOSTIC EKG PROCEDURE
1ST Contact to EKG and Transmission < 10 Min

OXYGEN / PULSE OXIMETRY PROCEDURE

CAPNOGRAPHY PROCEDURE

IV PROCEDURE

Identify Causes
Treat Per Specific Protocol

All chest pain in not cardiac in nature
A proper history and physical exam will help differentiate cause

The ACS Protocol and its agents (Aspirin, Nitro, Heparin, Brilinta) are only for cases suspected to be cardiac in nature

- Trauma – Treat per Traumatic Breathing Protocol
- Hypoxia – Treat per Airway / Breathing Protocols
- Cardiac Chest Pain
  Treat Per Acute Coronary Syndrome Protocol
- Sharp / Ripping / Tearing Pain
  Treat Per Pain Management Protocol
  STOP No Aspirin
- Chest Pain with Fever / Cough / Rhonci
  Treat per Pain Management Protocol
- Spontaneous Pneumothorax
  Treat per Pain Management Protocol
- GI / Esophageal Pain
  Treat per Pain Management Protocol

EMT Intervention	AEMT Intervention	PARAMEDIC Intervention	Online Medical Control

ADULT PROTOCOL

CHEST PAIN

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
• Age • Medications • Past medical history (MI, angina, diabetes) • Allergies • Recent physical exertion • **O**nset • **P**alliation / **P**rovocation • **Q**uality (crampy, constant, sharp, dull, etc.) • **R**egion / **R**adiation / **R**eferred • **S**everity (1-10) • **T**ime (duration / repetition)	• CP (pain, pressure, aching, tightness) • Location (substernal, epigastric, arm, jaw, neck, shoulder) • Radiation of pain • Pale, diaphoresis • Shortness of breath • Nausea, vomiting, dizziness	• Trauma vs. medical • Angina vs. myocardial infarction • Pericarditis • Pulmonary embolism • Asthma / COPD • Pneumothorax • Aortic dissection or aneurysm • GE reflux or hiatal hernia • Esophageal spasm • Chest wall injury or pain • Pleural pain

KEY POINTS
• Consider differential diagnosis points on all chest pain cases • Treatment of non-cardiac chest pain with Aspirin / Nitroglycerine / Heparin / Ticagrelor may be harmful or deadly to the patient • The history and physical exam often provides the most clues as to causation • Diagnostic EKG's are still indicated in all non-cardiac cases of chest pain • Trauma trumps medical – if a patient sustained trauma as a result of a medical chest pain cause, the trauma is treated first. • IV analgesia can be given in all cases of chest pain if indicated.