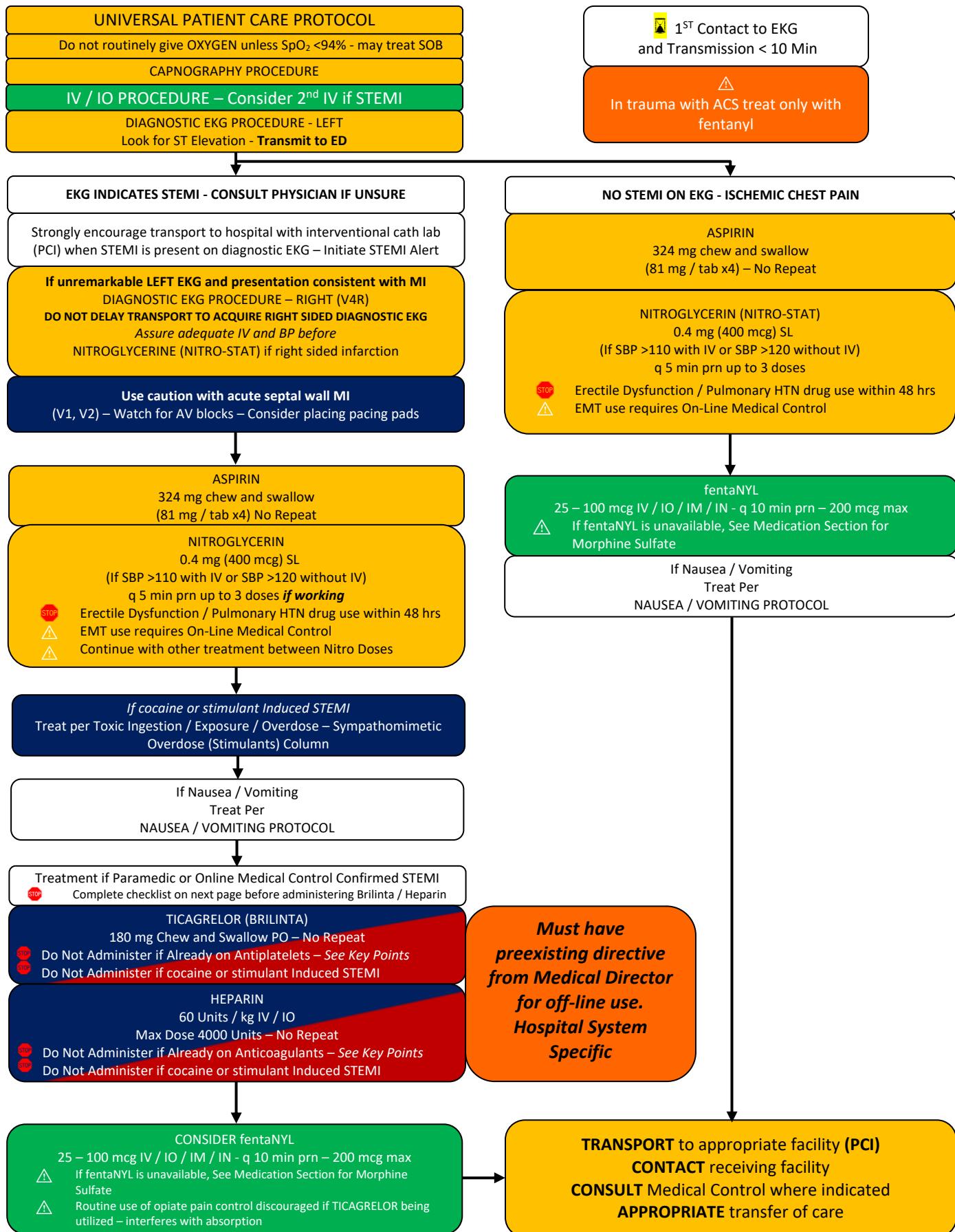


ACUTE CORONARY SYNDROME



EMT Intervention

AEMT Intervention

PARAMEDIC Intervention

Online Medical Control

ADULT PROTOCOL			
ACUTE CORONARY SYNDROME			
HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS	
<ul style="list-style-type: none"> Age Medications Past medical history (MI, angina, diabetes) Allergies Recent physical exertion Onset Palliation / Provocation Quality (crampy, constant, sharp, dull, etc.) Region / Radiation / Referred Severity (1-10) Time (duration / repetition) 	<ul style="list-style-type: none"> CP (pain, pressure, aching, tightness) Location (substernal, epigastric, arm, jaw, neck, shoulder) Radiation of pain Pale, diaphoresis Shortness of breath Nausea, vomiting, dizziness 	<ul style="list-style-type: none"> 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 	
STEMI Checklist Before EMS administration of TICAGRELOR or HEPARIN <ol style="list-style-type: none"> NO sharp ripping / tearing chest or back pain or known dissection NO Altered mental status Known or concern for bleeding (ex., vomiting blood, black tarry stool, hemoptysis, frank rectal bleeding, GI bleeds, blood in urine, etc.) Trauma / CPR (Post arrest) Severe Headache Consult Medical Control if STEMI mimickers present 	<p>Do Not Administer TICAGRELOR if already on antiplatelet medications</p> <p>Clopidogrel (Plavix), Ticagrelor (Brilinta), Prasugrel (Effient), Ticlopidine (Ticlid)</p>	<p>Do Not Administer HEPARIN if already on anticoagulant medications</p> <p>Apixaban (Eliquis), Dabigatran (Pradaxa), Edoxaban (Savaysa), Fondaparinux (Arixtra), Rivaroxaban (Xarelto), Warfarin (Coumadin, Jantoven), Betrixaban (Bevyxxa)</p>	
Consider STEMI Mimickers			
<ul style="list-style-type: none"> Left ventricular hypertrophy Left bundle branch block Early repolarization Right bundle branch block 		<ul style="list-style-type: none"> Ventricular aneurysm Hyperkalemia Ventricular paced rhythms Pericarditis 	
STEMI Diagnostic Criteria			
<ul style="list-style-type: none"> ≥1 mm ST Elevation from baseline in two or more anatomically contiguous leads 1 mm = 1 small EKG box 			
I – Lateral	aVR	V1 – Septal	V4 – Anterior
II – Inferior	aVL – Lateral	V2 – Septal	V5 – Lateral
III – Inferior	aVF – Inferior	V3 – Anterior	V6 – Lateral
KEY POINTS			
<ul style="list-style-type: none"> Make the scene safe: All chest pain patients must have an IV and diagnostic EKG. Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro. If patient has taken Nitroglycerin without relief, consider potency of the medication. If positive ECG changes, establish a second IV while enroute to the hospital. Monitor for hypotension after administration of Nitroglycerin or FentaNYL. Nitroglycerin or FentaNYL may be repeated per dosing guidelines in the MEDICATIONS SECTION. Diabetics / geriatric patients often have atypical pain, vague, or only generalized complaints. Be suspicious of a "silent MI". Refer to the BRADYCARDIA PROTOCOL (HR < 60 bpm) or NARROW COMPLEX TACHYCARDIA PROTOCOL (HR > 150 bpm) if indicated. If the patient becomes hypotensive from Nitroglycerin, FentaNYL administration, place the patient in the Trendelenburg position and administer a Normal Saline bolus. Be prepared to administer Narcan if the patient experiences respiratory depression due to FentaNYL administration. If pulmonary edema is present, refer to the CHF / ACUTE PULMONARY EDEMA PROTOCOL. Consider other causes of chest pain such as aortic aneurysms, pericarditis, esophageal reflux, pneumonia, pneumothorax, costochondritis, pleurisy, pancreatitis, appendicitis, cholecystitis (gallbladder), and pulmonary embolism. Aspirin can be administered to a patient on Coumadin (Warfarin) unless the patient's physician has advised them otherwise. If the patient took a dose of Aspirin that was less than 324 mg in the last (24) hours, then additional Aspirin can be administered to achieve a therapeutic dose of 324 mg. DO NOT administer Nitroglycerin (Nitro-stat) to a patient who took an erectile dysfunction medication; Sildenafil (Viagra), Tadalafil (Cialis), Vardenafil (Levitra), etc. within the last 48 hours due to potential severe hypotension. Nitroglycerin (Nitro-stat) can be administered to a patient by EMS if the patient has already taken their own prior to your arrival. Document it if the patient had any changes in their symptoms or a headache after taking their own Nitroglycerin. Nitroglycerin can be administered to a hypertensive patient complaining of chest discomfort without Medical Control permission. Nitroglycerin can be administered without an IV if patient has a BP greater than 120 mmHg. DO NOT treat PVC's with Amiodarone unless patient develops runs of V-Tach or has sustained V-tach. Pulse oximetry is not an indicator of myocardial perfusion. Only administer oxygen if the patient is hypoxic with a SpO₂ of less than 94. Do not withhold oxygen from patients that are short of breath regardless of SpO₂. Once applied to a known or suspected ACS patient do not remove a diagnostic EKG, even if the initial EKG is unremarkable. Some devices continue to look for ST segment changes and will alert if there are changes. Consider repeat diagnostic EKG if condition changes or lengthy transport. 			