

Effective Date: July 15, 2022

Last Review: New Policy

Next Review: July 2024

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION: Substernal chest pain; chest or epigastric discomfort, heaviness, squeezing, burning or tightness; pain radiating to, or isolated to jaw, shoulders, arms or back; nausea; diaphoresis; dizziness; dyspnea; anxiety or back pain. Patient may or may not have history of coronary artery disease.

Up to 1/4 of coronary ischemia (Acute Coronary Syndrome) patients may have no chest discomfort at all this is more common in women, elderly, and diabetics.

Patients can also present with signs and symptoms of CHF/Pulmonary Edema, leg swelling, or history of DVT/PE.

BLS TREATMENT:

OXYGEN: As appropriate, goal to maintain SpO₂ at least 94%. Assist ventilations as necessary.

VITALS: Assess vital signs.

ASPRIN: 324 mg of chewable ASA PO. ASA is not contraindicated with history of anticoagulant use. ASA is contraindicated with signs of **ACTIVE** GI bleeding.

NITROGLYCERIN: If SBP ≥ 100 mmHg EMTs may assist a patient with their prescribed sublingual NTG 0.4 mg tablets or spray, may repeat every 5 minutes to a maximum of 3 total doses. Contact Base Hospital before administering NTG to patients taking Viagra (sildenafil) or similar erectile dysfunction drugs within the past 6 hours.

ALS TREATMENT:

MONITOR: Perform a 12-Lead ECG within 10 minutes of patient contact. If the 12-Lead ECG reads **STEMI** or **Acute MI** or an equivalent; transmit the 12-Lead ECG to appropriate STEMI Receiving Center.

NITROGLYCERIN: If SBP ≥ 100 mmHg, 0.4 mg NTG, may repeat every 5 minutes to a max of 3 total doses. Contact Base Hospital before administering NTG to patients taking erectile dysfunction (Viagra (sildenafil), Cialis (tadalafil), etc.) or oral pulmonary hypertension meds within the past 6 hours.

VASCULAR ACCESS: IV/IO rate as appropriate. If patient has a systolic BP < 90 mmHg administer 250 ml fluid boluses to systolic BP > 90 mmHg. Reassess patient after each bolus assessing for signs of fluid overload.

CAPNOGRAPHY: Utilize waveform capnography; EtCO₂ readings of 25 mmHg or less are suggestive of poor organ perfusion.

TRANSPORT: For patients whose 12-Lead ECG meets STEMI criteria, transport patient to closest approved STEMI Receiving Center. Keep scene times to under 15 minutes.

PAIN MANAGEMENT: If patient continues to have chest pain after NTG. Refer to **Policy M2 Adult Pain Management**.

ONDANSETRON: 4 mg ODT/IV/IM/IO. Don't use ODT in patients with GCS < 14. Try to use ODT as first route of choice if possible. May repeat every 10 minutes with no relief of symptoms to max dose of 12 mg total.