

**4401****Suspected Acute
Coronary Syndrome
(ACS)****Treatment Protocol**Last Reviewed: **October 4, 2022**Last Revised: **December 2, 2022****BLS Patient Management**

- **Establish, maintain, and ensure:**
 - A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
 - B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
 - C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated
- **Oxygen**
As clinically indicated. Titrate to maintain, or increase, SpO₂ to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD
- Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements
- When the patient's systolic BP is greater than 90 mmHg, assist them with administration of their physician prescribed Nitroglycerin, to a max of 1.2 mg. Monitor the patient for signs of hypotension. Record the patient's self-administration in the ePCR as, "Self-administered"
- Assist the patient with administration of Aspirin to a max dose of 324 mg (four 81 mg chewable tablets). Monitor the patient. Record the patient's self-administration in the ePCR as, "Self- Administered"
- Attach ECG leads to the patient when a paramedic is present. May assist with placement of the 12-lead cables

ALS Patient Management

- **STEMI Triage and Destination**
Suspect a STEMI if any one (1) of the following is true:
 - The 12-lead ECG shows 1 mm or greater ST-segment elevation in two (2) or more contiguous leads, with reciprocal depression
 - Paramedic interpretation of the 12-lead ECG is STEMI
 - The ECG monitor reads: ***Acute MI*** or ***Acute MI Suspected*** or the equivalent

Immediately transmit the 12-lead ECG and make early notification to the closest STEMI Receiving Center prior to transport, or as soon as a STEMI is identified. Perform serial 12-lead ECGs when an acute MI is suspected or confirmed
- Establish, maintain, and ensure peripheral IV and/or IO access. Consider bilateral large bore IV access when a STEMI is suspected or confirmed
- **For suspected ACS**
Adults: Aspirin 324 mg (four 81 mg chewable tablets)
PO. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

ADMINISTRATION OF ASPIRIN TO PEDIATRIC PATIENTS IS NOT PERMITTED.

Adults: Nitroglycerin 0.4 mg (1 tablet or 1 metered spray) SL when the patient's systolic BP is greater than 90 mmHg. **MAY REPEAT TWICE AT 3-5 MINUTE INTERVALS. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

****AND****

Nitroglycerin 1 gm (1 inch) transdermal paste when the patient's systolic BP is greater than 90 mmHg. If systolic BP falls below 90 mmHg, wipe away paste. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

Administration following the patient's use of a PDE5 inhibitor (ex: Cialis / tadalafil, Levitra / vardenafil, Stendra / avanafil or Viagra / sildenafil) requires a base hospital physician order (BHPO).

ADMINISTRATION OF NITROGLYCERIN TO PEDIATRIC PATIENTS IS NOT PERMITTED.

- **For suspected ACS with persistent chest discomfort unresponsive to Nitroglycerin**
Adults: Fentanyl 50 mcg (1 mL) slow IV/IO push or IM/IN. Patient's systolic BP must be greater than or equal to 90 mmHg at the time of administration. **MAY REPEAT ONCE, IN 5-10 MINUTES, DEPENDENT ON PAIN SEVERITY, TO A MAX OF 100 MCG. ADDITIONAL ADMINISTRATIONS AFTER 100 MCG REQUIRE A BASE HOSPITAL ORDER (BHO).**