



**ADULT CARDIAC  
AC-02**

**ACUTE CORONARY  
SYNDROME/AMI**

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Last Revision:  
02/14/2018

**History and Physical:**

Historical Findings	Physical Findings
<ul style="list-style-type: none"><li>Medical Etiology</li></ul>	<ul style="list-style-type: none"><li>Chest discomfort</li><li>Back, shoulder, neck, jaw, epigastric discomfort</li><li>Discomfort suggestive of AMI with associated symptoms: dyspnea, nausea, diaphoresis, weakness</li><li>Anginal equivalents (Nausea/vomiting, syncope, weakness/fatigue, SOB, diaphoresis, etc.)</li></ul>

**Assessment:**

- Cardiac Assessment
- DDx: PE, CHF, toxins (cocaine, amphetamine), Pericarditis, Infectious (pneumonia/Sepsis)

**Clinical Management Options:**

Interventions	Pharmacology
<ul style="list-style-type: none"><li>Transmit 12-Lead if STEMI ASAP</li><li>STEMI Alert to receiving facility ASAP</li><li>Consider right-sided and posterior EKG</li><li>Rapid transport &lt;10 min scene time</li><li>Fluid Bolus PRN<ul style="list-style-type: none"><li>If MAP &lt; 65</li><li>Assess for pulmonary edema</li></ul></li></ul>	<ul style="list-style-type: none"><li><b>Aspirin</b> to achieve 324 mg PO total dose</li><li>Pain Management</li><li><b>NTG</b> 0.4 mg sublingual<ul style="list-style-type: none"><li>If systolic &gt;100mmHg</li><li>May repeat q 3-5 min x 3 prior to vascular access</li><li>May repeat q 3-5 min PRN following vascular access</li></ul></li></ul>

**Consult:**

- None

**Considerations:**

- Use caution administering NTG to patients with suspected inferior (right-sided) MI due to potential for precipitous drop in blood pressure
- NTG** is not to be administered to patients who have taken Viagra (sildenafil citrate), Levitra (tadalafil), or Cialis (tadalafil) within the last **48** hours.
- Bilateral IV access (saline lock, 20drop, fluid set at TKO), gowned, defib pads placed with Patient Contact time written in sharpie, are all best-practices to reduce time to reperfusion.

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