

CHEST PAIN/ACUTE CORONARY SYNDROME

Indications

- Chest discomfort or pain, suggestive of cardiac origin.
- Other symptoms of Acute Coronary Syndrome (ACS) may include weakness, nausea, vomiting, diaphoresis, dyspnea, dizziness, palpitations, indigestion
- Atypical symptoms or “silent MIs” (women, elderly, and diabetics)

ALS RMC
12 Lead EKG

- If elevation in leads II, III, and AVF, suspect RVI and perform a right-sided EKG

- **ASA 324mg (chewable), even if patient has taken daily ASA dose**
- **NTG 0.4 mg SL/spray**
- **MR q5 min** if SBP >100
- Withhold NTG if patient has elevation in leads II, III, and AVF or has taken erectile dysfunction medication within last 24 hrs (Viagra/Levitra) or 36 hrs (Cialis)

- If pain persists, treat per Adult Pain Management policy
- Consider **NS 250ml IV/IO bolus** if SBP <100
- For recurrent episodes of VT with persistent CP, administer **Amiodarone 150mg in 100ml NS, IV/IO; infuse over 10 min**
- **MR q10 min** as needed

SPECIAL CONSIDERATIONS

- IV access before **NTG** if SBP <120 or Patient doesn't routinely take **NTG**
- Routine O2 administration unnecessary if SpO2 ≥94%
- Infarctions may be present with normal 12-leads
- Consider other potential causes of chest pain: pulmonary embolus, pneumonia, aortic aneurysm, and pneumothorax
- **☎ Physician consult if possible contraindication to aspirin (ie: head injury, GI bleed, etc.)**