2.06 CHEST PAIN / ACUTE CORONARY SYNDROME

PUBLIC COMMENT JANUARY 2025

Strive for total on-scene time of less than or equal to 15 minutes.

BLS Treatment

- Assess circulation, airway, breathing, and responsiveness.
- Bilateral blood pressures.
- **Oxygen** as indicated.
- Position of comfort.
- **Aspirin**
- NPO, unless otherwise noted.
- Either list patient medications on PCR or gather medication vials for transport to hospital.

ALS Treatment

Establish a large bore (18G or larger) IV with **Normal Saline** TKO. If possible, establish a second large bore NS lock in the same arm.

12-lead EKG:

- ~~o~~ Do prior to administration of **Nitroglycerin** or pain medication.
- Transmit if EKG interpretation is "STEMI" and notify appropriate STAR center.
- Apply "stand-by" defibrillation pads to all EKG confirmed STEMI patients.

Nitroglycerin: DO NOT administer **Nitroglycerin** to patients who have taken a phosphodiesterase inhibitor (erectile dysfunction drugs) within the following time frames:

- Sildenafil (Viagra, Revatio) or Vardenafil (Levitra, Staxin) < 24 hours
- Tadalafil (Cialis, Adcirca) < 48 hours
- See "Use 12-Lead EKG to Determine Safety of Nitroglycerin Administration"

~~**Persistent chest pain of suspected cardiac origin**~~ Chest pain of suspected ischemic origin that is refractory to maximum anti-ischemic medications (ASA and nitroglycerin) at any level (scale 1 – 10) may be treated with **Fentanyl**. Doses may be started at lower levels than for traumatic or other types of pain treatment.

Ondansetron as needed for nausea.

If hemodynamically unstable, go to **Protocol 2.16 Shock**.

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USE 12-LEAD EKG TO DETERMINE SAFETY OF NTG ADMINISTRATION

- Follow **Protocol 7.10 12-Lead EKG**.
- Determine presence of ST elevation in leads II, III and AVF. If ST elevation is present, then apply V4R lead.
  - If ST elevation in V4R AND clinical signs of shock, including SBP < 90 Hg go to **Protocol 2.16 Shock.**

Documentation

- "At Patient Side" Time.
- VS including bilateral BPs and room air O2 saturation.
- Reassessment of patient symptoms, complaints and vital signs." At minimum, two sets of vital signs and a reassessment should be done and documented in the PCR after any intervention.
- "O-P-Q-R-S-T symptom assessment:
  O = Onset (Sudden or gradual)
  P = Provoke (What were you doing when the pain started? Does anything make it better or worse?)
  Q = Quality (What does the pain feel like?)
  R = Region/Radiate (Where is the pain? Does it go anywhere else?)
  S = Severity (On a scale of 1-10, 10 being the worst pain you have ever had, how would you rate that pain now? How would you rate that pain at its worst or during exertion/movement?)
  T = Time (When or what time did this start?)
- Aspirin given by EMS. Note if patient self-administered Aspirin or if it was given by someone else (e.g. medical provider).
- EKG findings.
- List patient identifiers on **ALL** transmitted EKGs:
  - Patient Last Name + First Initial
  - Gender
  - Age
  - Provider agency and unit number