

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8030.25
	PROGRAM DOCUMENT: Discomfort/Pain of Suspected Cardiac Origin	Initial Date:	09/07/14
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

Purpose:

- A. To serve as treatment standard when treating patients with discomfort/pain of suspected cardiac origin.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

BLS
<ol style="list-style-type: none"> 1. ABC's/Routine Care-Supplemental O₂ as necessary to maintain SPO₂ ≥ 94%. Use the lowest concentration and flow rate of O₂ as possible. 2. Aspirin (ASA)- Administer 324mg chewable ASA orally, except in cases of allergy to ASA. Concurrent anticoagulation therapy is not a contraindication for ASA administration. If ASA is not administered, the reason shall be documented in the ePCR. 3. Transport
ALS
<ol style="list-style-type: none"> 1. Assessment and treatment, should occur concurrently, with a priority to obtain a single good quality 12 lead ECG within 10 minutes of patient contact. 2. Scene time for a STEMI should be ≤ 10 minutes 3. Pulse Oximetry shall be used. 4. Cardiac Monitor 5. If the 12 lead ECG is consistent with an Acute MI / STEMI by software algorithm interpretation: <ul style="list-style-type: none"> • Do not treat with Nitroglycerine. • Administer ASA 324 mg PO • Obtain vascular access (When possible, avoid using right wrist or hand, as this is often used for cardiac catheterization) • The patient shall be transported to the closest designated STEMI center with a STEMI pre-alert notification. • The closest designated STEMI center shall receive transmission of the positive STEMI ECG and a pre-alert notification of "STEMI" and must be documented in the ePCR. • A copy of all 12-Leads shall be delivered with the patient.

6. Nitroglycerine (NTG) **may be given if not contraindicated:**
- 0.4 mg sublingual may be repeated every 5 minutes.
 - Titrate Subsequent NTG to pain relief as long as the SBP > 90 mmHg.
 - Absence of vascular access shall not preclude use of NTG as long as all other criteria are met.

NTG Contraindications:

- ECG is consistent with an Acute MI / STEMI
- B/P is ≤ 90 systolic or drops > 30 mm/Hg from baseline after administration
- Heart rate is ≤ 50
- Have taken PDE-5 inhibitors [Avanafil, Sildenafil, Tadalafil, Vardenafil, Vildenafil or equivalent] within the last 48 hours.

Special Considerations:

1. If NTG is contraindicated or after the third (Paramedic-administered) NTG, the patient does not have relief of chest discomfort/pain; the Paramedic may elect to administer pain medication as per Pain Management Policy PD# 8066.
2. If patient is nauseated and/or vomiting refer to Policy, PD#8063.
3. Hemodynamically unstable patients (SBP < 90 mmHg) with an Acute STEMI ECG shall be transported to the time closest facility providing interventional cardiac catheterization services.

Cross Reference: PD# 8066 – Pain Management
PD# 8063 – Nausea and/or Vomiting
PD# 8827 – 12-Lead ECG