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|  | COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY | Document # | 8030.24 |
| | 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 for 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 |
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| <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, treatment, and transport should occur concurrently, when a single good quality ECG is completed. Scene time for suspected STEMI patients should be ≤ 10 minutes when possible. 2. Pulse Oximetry shall be used. 3. Cardiac Monitor 4. Obtain 12-Lead Electrocardiogram (ECG). If the patient ECG is consistent with an Acute STEMI by software algorithm interpretation. <ul style="list-style-type: none"> • The patient shall be transported to the closest designated STEMI center. • The closest designated STEMI center shall receive 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. 5. Nitroglycerine (NTG) (If 12-lead ECG is not consistent with an Acute STEMI): <ul style="list-style-type: none"> • 0.4 mg sublingual is Systolic Blood Pressure (SBP) >90mmHg. May be repeated every 5 minutes. • Titrate Subsequent NTG to pain relief as long as the SBP > 90 mmHg while simultaneously establishing vascular access. • Absence of vascular access shall not preclude use of NTG as long as all other criteria are met. |

Caution: NTG shall not be given to patients who have taken PDE-5 inhibitors [Avanafil, Sildenafil, Tadalafil, Vardenafil, Vildenafil or equivalent] within the last 48 hours.

6. Establish vascular access.

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.

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