	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8030.25
	PROGRAM DOCUMENT: **Discomfort/Pain of Suspected Cardiac Origin**	Initial Date:	09/07/14
		Last Approval Date:	03/12/20
		Effective Date:	07/01/22
		Next Review Date:	03/01/24

EMS Medical Director

EMS Administrator

Purpose:

A. To establish ~~serve as~~ the treatment standard in ~~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

1. ABC's/Routine Care-Supplemental O_2 as necessary to maintain $SPO_2 \geq 94\%$. Use the lowest concentration and flow rate of O_2 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

1. Assessment, treatment, and transport should occur concurrently, when a single good quality Electrocardiogram (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 ECG. If the patient ECG is consistent with an acute STEMI by software algorithm interpretation.
    - 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-Lead ECG's shall be delivered with the patient.
5. Nitroglycerine (NTG) (If 12-lead ECG is not consistent with an Actute STEMI):
    - 0.4 mg sublingual if 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, Videnafil 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 Policy# 8066 (Pain Management)
2. If patient is nauseated and/or vomiting refer to Policy# 8063 (Nausea/Vomiting).
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