

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8030.25
	<u>PROGRAM DOCUMENT:</u> 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
<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 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. 5. If the patient ECG is consistent with an acute STEMI by software algorithm interpretation, the following shall be performed without delay: <ul style="list-style-type: none"> • Transmit the 12 lead ECG to the closest designated STEMI center. • The patient shall be Transport to the closest designated STEMI center. • Perform a Pre-Alert notification the the closest designated STEMI center. • The closest designated STEMI center shall receive the positive STEMI ECG and a pre-alert notification of "STEMI" and The primary impression of STEMI must be documented in the ePCR. • A copy of all 12-Lead ECG's shall be delivered with the patient. <p>NOTE: NTG is contraindicated in the setting of a STEMI.</p>

6. ~~Nitroglycerine (NTG)~~ If 12-lead ECG is **NOT** consistent with an acute STEMI:
- **Administer NTG** 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, Vildenafil or equivalent] within the last 48 hours.

7. 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