

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	8030.26
	<u>PROGRAM DOCUMENT:</u> <b>Discomfort/Pain of Suspected Cardiac Origin</b>	Initial Date:	09/07/14
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EMS Medical Director

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EMS Administrator

**Purpose:**

- A. To establish the treatment standard in 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:**

<b>BLS</b>
<ol style="list-style-type: none"> <li>1. ABC's/Routine Care-Supplemental O<sub>2</sub> as necessary to maintain SPO<sub>2</sub> ≥ 94%. Use the lowest concentration and flow rate of O<sub>2</sub> as possible.</li> <li>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.</li> <li>3. Transport</li> </ol>
<b>ALS</b>
<ol style="list-style-type: none"> <li>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.</li> <li>2. Pulse oximetry shall be used.</li> <li>3. Cardiac monitor</li> <li>4. Obtain 12-Lead ECG.</li> <li>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"> <li>• Transmit the 12-lead ECG to the closest designated STEMI center.</li> <li>• Transport to the closest designated STEMI center.</li> <li>• Perform a Pre-Alert notification to the closest designated STEMI center.</li> <li>• The primary impression of STEMI must be documented in the ePCR.</li> <li>• A copy of all 12-Lead ECGs shall be delivered with the patient.</li> </ul> </li> </ol> <p><b>NOTE:</b> NTG is contraindicated in the setting of a STEMI.</p>

6. 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, Vardenafil, 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