

	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:	07/01/21
		Next Review Date:	03/01/22

 EMS Medical Director

 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, 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 MI / STEMI by software algorithm interpretation: <ul style="list-style-type: none"> • Do not treat with Nitroglycerine. • Administer ASA • 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. • 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) may be given if 12-lead ECG does not show acute MI / STEMI (if 12-lead ECG is not consistent with an Acute STEMI) Do NOT use NTG if STEMI is present on the ECG. :

- 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~~ **will** not be given to patients who:

- **B/P drops below 90 systolic or drops > 30 mm/Hg from baseline**
- **Heart rate is ≤ 50**
- Have taken PDE-5 inhibitors [Avanafil, Sildenafil, Tadalafil, Vardenafil, Videnafil 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:	Pain Management	PD #8066
	Nausea and/or Vomiting	PD #8063
	12-Lead ECG	PD # 8827