Chest Pain/Acute Coronary Syndrome – 10.065

TREATMENT:

A. Treat per Universal Patient Care protocol.
B. Consider **Oxygen** to maintain Sp02 ≥ 94%.
C. Monitor cardiac rhythm. Obtain a 12 lead ECG. This may be done concurrently with other treatments.
D. Establish IV access. *Avoid right wrist if possible*. Attempt second line if possible.
E. Transport ASAP.
F. Consider the following treatment options:
    1. **Aspirin 324 mg PO** unless administered prior to arrival.
    2. **Nitroglycerin 0.4 mg SL** if BP is ≥ 90 mmHg.
    3. **Fentanyl 50 mcg IV/IM** prn. May repeat 50 mcg dose prn.
G. Transmit 12 lead ECG and consult OLMC as needed.

PEDIATRIC PATIENTS:

A. Consider pleuritic causes or trauma.
B. Contact OLMC for advice.

NOTES & PRECAUTIONS:

A. Before nitro administration have IV/IO established. Titrate fluids to >100mmHg. All MI's may cause large drops in BP with Nitro.
B. If initial 12-lead negative or inconclusive consider repeating q 3 - 5 min if symptoms persist or change.

FIELD IDENTIFIED ST - ELEVATION MI (STEMI)

Indications: 12 lead ECG with the following:

A. Paramedic interpretation of STEMI
    1. 1.0 mm ST elevation in 2 contiguous limb or precordial leads excluding leads V2 and V3
    2. 2.0 mm ST elevation in V2 and V3 contiguous.
B. ***Activate Heart 1: 1-800-461-6049***

C. **DO NOT** Activate Heart 1 For the following:
    1. Post cardiac arrest patients who have ROSC with or without ST elevation
    2. Age ≥ 90
    3. Acute stroke patients with ST elevation
    4. DNR Comfort Care patients
    5. In the presence of LBBB with suspected STEMI do not activate HEART 1. Still treat as suspected STEMI
    6. Respiratory failure with advanced airway management required or CPAP. Pts to unstable for cath lab.

D. In patients with a high index of suspicion of STEMI and a LBBB OR 0.5mm ST elevation in V7-V9 treat as a STEMI, but **DO NOT** activate HEART 1 but contact OLMC early.