SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY

CARDIOVASCULAR
REFERENCE NO. C-8

SUBJECT: CHEST PAIN OR SUSPECTED SYMPTOMS OF CARDIAC ORIGIN

- **Assessment, treatment and transport destination decision should occur concurrently.**
- **A minimum of the pt's last name and first initial shall be entered into the monitor prior to 12-lead acquisition. Any 12-lead consistent with an acute ST elevation MI (computer read out or paramedic interpretation) shall be transmitted to the appropriate facility as soon as possible if transmission capabilities are available.**

BLS

- Assess V/S including pulse oximetry
- Administer O_2 at appropriate rate if dyspneic, signs of heart failure or shock, or SpO2 ≤ 94%
- P-Q-R-S-T

Aspirin: 320 – 325 mg chewable PO (approved/optional for EMT personnel)

- Should be administered as soon as possible
- Anticoagulant use by patient is not a contraindication to aspirin administration

ALS

- Cardiac monitor
- 12-lead ECG – as soon as possible – prior to NTG administration
- Establish vascular access at appropriate time during treatment (may bolus up to 1000 mL NS)

Nitroglycerin (NTG): 0.4 mg SL – tablet or spray

- Repeat every 5 minutes if discomfort persists
- Do not administer if SBP < 100
- Consider establishing vascular access prior to NTG administration if inferior MI suspected
- **Consult with base/modified base hospital prior to NTG administration if patient takes erectile dysfunction or pulmonary HTN medication**

Morphine Sulfate – 2 mg slow IV/IO *OR* Fentanyl – 25 mcg slow IV/IO

- Administer if discomfort persists following one or more EMS administered NTG doses, and if all the following are present:
  - RR > 12 - SBP > 100 - GCS = 15
- May repeat morphine 2 mg increments or fentanyl 25 mcg increments every 5 minutes as needed if discomfort persists
- Max total opioid dose = 20 mg morphine equivalent (20 mg morphine, 200 mcg fentanyl, or combination of the two)
- **Zofran (Ondansetron) 4 – 8 mg slow IV/IO, IM or ODT** may be administered prior or concurrent to fentanyl or morphine administration to reduce potential nausea/vomiting

See Page 2 for Patient Destination Determination

Effective Date: 12/01/2015
Next Review Date: 10/2018
Approved by:

Date last Reviewed/Revised: 10/2015

SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director

SUBJECT: CHEST PAIN OR SUSPECTED SYMPTOMS OF CARDIAC ORIGIN

Patient Destination Determination

- **Pts with a 12-lead ECG computer read out consistent with an acute ST elevation MI (i.e. ***Acute MI Suspected***), shall be transported directly to the closest STEMI receiving center (SRC) if the transport time to that SRC is ≤ 45 minutes, and they do not meet any of the critical criteria (indicated below).**
- **Prehospital personnel shall contact the closest base/modified base hospital or SRC (as appropriate) for destination consultation on any STEMI pt outside the SRC 45 minute transport catchment area, pts meeting critical criteria (indicated below), or for any suspected STEMI pt without 12-lead ECG computer confirmation.**