Sierra – Sacramento Valley EMS Agency Treatment Protocol	C-6 (LALS)
Chest Discomfort/Suspected Acute Coronary Syndrome (ACS)	
Approval: Troy M. Falck, MD – Medical Director	Effective: 10/01/2025
Approval: John Poland – Executive Director	Next Review: 07/2028

- Common symptoms associated with ACS include, but are not limited to:
  - Dyspnea/SOB
  - Palpitations
  - Diaphoresis
  - Nausea/vomiting
  - Lightheadedness/near-syncope/syncope
  - Upper abdominal pain or heartburn unrelated to meals
  - Discomfort in the throat or abdomen may occur in pts with diabetes, women and elderly pts
- Fleeting or sharp chest pain that increases with inspiration & lying supine is unlikely to be ACS related.
- Pt assessment, treatment & transport destination determination should occur concurrently.

BLS

- Assess V/S, including SpO_2
- O_2 at appropriate rate if hypoxemic (SpO_2 <94%), short of breath, or signs of heart failure or shock
- P-Q-R-S-T

Aspirin
- 160 - 325 mg chewable PO (anticoagulant use is not a contraindication to administration)

LALS

- Cardiac monitor **(AEMT II)**
- 12-lead EKG as soon as possible **(AEMT II)** - prior to nitroglycerin administration
  - Criteria for ST Elevation Myocardial Infarction (STEMI):
    1. Machine readout: 'Meets ST Elevation MI Criteria', 'Acute MI', 'STEMI' (or equivalent)
    2. ST elevation in 2 or more contiguous leads
  - For pts with suspected ACS, serial 12-lead EKGs should be obtained if the pt's clinical status changes or if EKG changes are noted on the monitor, and every 15 mins if transport times are long
  - A posterior 12-lead EKG should be performed for pts with ACS symptoms when a standard 12-lead EKG demonstrates ST depression in leads V1 – V3 but does not meet STEMI criteria

- IV at appropriate time during treatment
  - Administer 250 mL NS fluid boluses to maintain SBP >90
  - Do not administer fluid if signs of heart failure

If discomfort persists following initial 12-lead acquisition:

Nitroglycerin
- 0.4 mg SL (tablet or spray), repeat every 5 mins if discomfort persists
- Do not administer if SBP <100,
- Use with caution for pts with suspected inferior MI (establish vascular access prior to administration)
- Consult with base/modified base hospital prior to administration if pt takes erectile dysfunction or pulmonary hypertension medication

SEE PAGE 2 FOR ADDITIONAL LALS TREATMENT & PT DESTINATION

ADDITIONAL LALS TREATMENT & PT DESTINATION

If discomfort persists following one or more EMS administered nitroglycerine doses:

Fentanyl (AEMT II)
- 25 mcg slow IV
- May repeat every 5 mins if discomfort persists (maximum cumulative dose: 200 mcg)

ⓘ Do not administer fentanyl to pts with any of the following contraindications:
- Systolic BP <100 - Hypoxia or RR <12 - ALOC or evidence of head injury

STEMI Criteria Met?
- NO → **Transport to Closest Facility**
- YES ↓

Both STEMI Criteria Met?
- NO → **Contact closest SRC for destination consultation** (Transmit 12-lead EKG to closest SRC if able)
- YES ↓

≤45 min to STEMI Receiving Center (SRC)
- NO → **Contact closest SRC for destination consultation** (Transmit 12-lead EKG to closest SRC if able)
- YES ↓

Any of the following criteria met?
- CPR in progress
- Unmanageable airway
- Unstable v-tach

- YES → **Transport to Closest Facility**
- NO ↓

Transport Directly to SRC
- Transmit 12-lead to SRC if able
- Advise SRC of "STEMI ALERT"

STEMI Pt Notes
- When possible, any 12-lead EKG meeting STEMI criteria shall be transmitted at least 10 mins prior to SRC arrival
- Scene time for STEMI pts should be ≤10 mins
- When possible, obtain & relay to the receiving hospital the name/contact information of an individual who can make decisions on behalf of the pt
- Always relay pertinent medical directives (DNR, POLST, etc.) to the receiving hospital