

Chest Pain Discomfort / Acute Coronary Syndrome

- A. Indications for this protocol include one or more of the following:
1. The classic symptom associated with an Acute Coronary Syndrome (ACS) is chest discomfort, but symptoms may also include discomfort in other areas of the upper body, shortness of breath, sweating (diaphoresis), nausea, vomiting, and dizziness. Many patients complain of substernal chest pain, pressure, or discomfort unrelated to an injury or other readily identifiable cause.
 2. History of previous ACS/AMI with recurrence of similar symptoms.
 3. Any patient with a history of cardiac problems who experiences light headedness or syncope.
 4. Patients, of any age, with suspected cocaine abuse and chest pain.
 5. Atypical or unusual symptoms (other than chest discomfort) are more common in women, the elderly and diabetic patients.
- B. If patient has no history of allergy to aspirin and has no signs of active bleeding (i.e., bleeding gums, bloody or tarry stools, etc.), then administer four (4) 81 mg chewable aspirin orally (324 mg total).
- C. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.
1. Obtain 12 lead ECG and transmit a copy or computer interpretation to the receiving facility or Medical Command if *optional* 12 lead ECG is available and is does not significantly delay treatment and transport.
- D. If blood pressure > 100 mm/Hg systolic and patient has **not** taken *Viagra* or *Levitra* within last 24 hours (or *Cialis* within the last 72 hours), then contact **Medical Command** for the following orders:

1. Administer **Nitroglycerine** 0.4 mg SL.
2. Repeat every five (5) minutes until pain is relieved or three (3) doses administered.



3. Recheck blood pressure between each **Nitroglycerine** dose administered. If blood pressure falls below 100 systolic, discontinue dosing and contact **Medical Command Physician** to discuss further treatment.



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4. Contact **Medical Command** to determine mode of transport (ground vs. air) and appropriate destination.



E. If blood pressure is < 100 systolic and patient has not taken nitroglycerine within past 30 minutes, this is a potential life-threatening emergency.

1. Position with head elevated no more than 15°.
2. **Do not administer Nitroglycerine (NTG).**
3. Request ALS backup – do not delay transport – meet en route.
4. Transport and continue treatment en route.

Note: If patient has respiratory distress with fluid in their lungs as suggested by crackling or bubbly lung sounds, and/or frothy sputum, and have inadequate respirations, they should have their ventilation assisted with 100% oxygen, positive pressure Bag Valve Mask (BVM), even if patient remains conscious. Also evaluate the patient for possible treatment with Continuous Positive Airway Pressure per **CPAP Protocol 8301**, if agency is approved for optional CPAP Protocol, and contact **Medical Command**.