

RIGHT VENTRICULAR AMI

- A. Perform **Initial Treatment / Universal Patient Care Protocol**
- B. Indication for this protocol is any patient with signs of an Inferior Wall ST Elevation Myocardial Infarction (STEMI) with concurrent ST elevation in right chest lead V4R.

Note: Administration of sublingual nitroglycerin is CONTRAINDICATED in this situation.

- C. Administer oxygen by appropriate route to maintain SpO₂ at 94 to 99%.
- D. If patient has no history of a true allergy to aspirin and has no signs of active bleeding (i.e., bleeding gums, bloody or tarry stools, etc.), then administer 4 (four) 81 mg chewable Aspirin orally (324 mg total). Aspirin may be administered prior to establishing IV.
- E. Establish two (2) IV lines, preferably 18 gauge or larger, of normal saline.
- F. If chest pain persists:

- Administer **Morphine Sulfate** 2 mg slow IV.
 - Use caution if hypotensive and/or bradycardic. Consider use of **Fentanyl (Sublimaze®)**.
 - If systolic BP drops below 90 mm/Hg during administration of **Morphine Sulfate**, discontinue analgesic administration and administer IV fluid bolus 250 mL Normal Saline and contact Medical Command.



-OR-

Administer **Fentanyl (Sublimaze®)** 1 microgram/kilogram – up to 100 micrograms max single dose, slow IV.

- If discomfort persists, **Contact Medical Command Physician** to discuss further treatment. Monitor blood pressure and respiratory effort.

- G. Monitor blood pressure carefully. If systolic BP falls below 90 mm/Hg, discontinue pain medications and treat hypotension per **Shock Protocol 5108**
- H. Treat dysrhythmias according to specific protocols.
- I. If transport time permits, complete AHA Fibrinolytic Checklist (Appendix A).