

### **Chest Pain/Acute Coronary Syndrome**


The goal is to reduce cardiac workload and to maximize myocardial oxygen delivery by reducing anxiety, appropriately oxygenating and relieving pain. For non-cardiac causes of chest pain, refer to appropriate protocol which may include **Pain Management Procedure**.

1. Follow **General Pre-Hospital Care Protocol**.
2. Administer oxygen 4 L/min per nasal cannula if pulse oximetry is not available. Oxygen is only required if pulse oximetry SaO<sub>2</sub> < 94%.




3. Assist patient in the use of their own aspirin (if MCA approved, and patient not allergic to aspirin, administer aspirin up to 325 mg). Aspirin should be chewed and swallowed.

MCA selection for MFR     MCA selection for EMT

4. Inquire of all patients (male and female) if they have taken Viagra (sildenafil citrate) or similar erectile dysfunction medications or medications used to treat pulmonary hypertension in the last 48 hours. If yes, **DO NOT ADMINISTER NITROGLYCERIN AND CONTACT MEDICAL CONTROL.** 
5. Assist patient in the use of their own Nitroglycerin sublingual tabs (check expiration date), if available, and if the patient's systolic BP is above 120 mmHg, for a maximum of 3 doses.



6. Administer aspirin up to 325 mg PO, chew and swallow if no aspirin or suspected insufficient dose since the onset of chest pain.
7. Start an IV NS KVO. If the patient has a BP of less than 100 mmHg, administer an IV/IO NS fluid bolus up to 1 liter wide open, in 250 ml increments and reassess.
8. Inquire of all patients (male and female) if they have taken Viagra (sildenafil citrate) or similar erectile dysfunction medications or medications used to treat pulmonary hypertension in the last 48 hours. If yes, **DO NOT ADMINISTER NITROGLYCERIN AND CONTACT MEDICAL CONTROL.** 
9. Administer nitroglycerin 0.4 mg sublingual if BP is above 100 mmHg. Dose may be repeated at 3 to 5 minute intervals if chest pain persists and BP remains above 100 mmHg. Nitroglycerin may be administered prior to IV placement if the BP is above 120 mmHg.



10. Obtain 12-lead ECG if available. Follow local MCA transport protocol if ECG is positive for acute ST Elevation Myocardial Infarction (STEMI) and alert the hospital as soon as possible. (Per MCA selection, may be a BLS procedure, follow **12 Lead ECG Procedure**)
11. For patients with suspected cardiac chest pain refractory to Nitroglycerin, consider Fentanyl 1 mcg/kg IV/IO (IN, if available). Maximum single dose 100 mcg, may repeat one time. Total dose may not exceed 200 mcg.

The goal is to reduce cardiac workload and to maximize myocardial oxygen delivery by reducing anxiety, appropriately oxygenating and relieving pain. For non-cardiac causes of chest pain, refer to appropriate protocol which may include **Pain Management Procedure**.

