

SUBJECT: TREATMENT PROTOCOL --
DISCOMFORT/PAIN OF SUSPECTED CARDIAC ORIGIN

Date: 7/1/2013

BLS

ALS

<ul style="list-style-type: none">• Ensure patent airway• O₂ Saturation prn• O₂ and/or ventilate prn.• Do not allow patient to walk• If systolic BP \geq 100, may assist patient to self medicate own prescribed NTG SL (maximum 3 doses, including those patient has taken).• May assist with placement of 12 lead.	<ul style="list-style-type: none">• Monitor EKG• IV <u>SO</u> adjust prn• Obtain 12 Lead EKG. If STEMI, notify base immediately and transport to appropriate STEMI center.*• ASA 324mg chewable PO <u>SO</u> <p>If systolic BP \geq 100:</p> <ul style="list-style-type: none">• NTG 0.4mg SL <u>SO</u>. MR q3-5" <u>SO</u>• NTG ointment 1" <u>SO</u>• Morphine 2-4mg IV to max 10mg <u>SO</u>. MR to max of 20mg <u>BHO</u> <p>If systolic BP < 100:</p> <ul style="list-style-type: none">• NTG 0.4mg SL <u>BHO</u>. MR <u>BHPO</u>• Morphine 2-4mg IV <u>BHO</u>. MR to max 20mg <u>BHO</u> <p><u>Discomfort/Pain of ? Cardiac Origin with Associated Shock:</u></p> <ul style="list-style-type: none">• 250ml fluid bolus IV/IO with clear lungs <u>SO</u>. MR to maintain systolic BP \geq90 <u>SO</u> <p>If BP refractory to second fluid bolus:</p> <ul style="list-style-type: none">• Dopamine 400mg/250ml @ 10-40mcg/kg/min IV/IO drip. Titrate to systolic BP \geq 90 <u>BHO</u>
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Note:

- If discomfort/pain is relieved prior to arrival, continue treatment with NTG ointment and ASA. ASA should be given regardless of prior daily dose(s).
- If any patient has taken an erectile dysfunction medication such as Viagra, Cialis, Levitra within 48 hours, NTG is contraindicated.
- May encounter patients taking similar medication for pulmonary hypertension (Revatio, Flolan, Veletri). NTG is contraindicated in these patients as well.

***Report:**

Acute MI or ***Acute MI Suspected***

Bundle Branch Block (LBBB, RBBB).

Poor quality EKG, artifact, paced rhythm, atrial fibrillation or atrial flutter for exclusion from STEMI assessment.

Repeat the 12-lead EKG only if the original EKG interpretation is NOT ***ACUTE MI SUSPECTED*** AND patient's condition worsens. Do not delay transport to repeat.

Document findings on the PPR and leave EKG with patient.

Document revised 7/1/2013

Approved:



EMS Medical Director