

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
 POLICY / PROCEDURE / PROTOCOL

Number S-126
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SUBJECT: TREATMENT PROTOCOL
 DISCOMFORT / PAIN OF SUSPECTED CARDIAC ORIGIN

Date 07/01/2021

BLS

ALS

- Ensure patent airway
- O₂ saturation PRN
- Use supplemental O₂ to maintain saturation at 94-98%
- O₂ and/or ventilate PRN
- Do not allow patient to walk
- If SBP \geq 100 mmHg, may assist patient to self-medicate own prescribed NTG* SL (**maximum 3 doses, including those the patient has taken**)
- May assist with placement of 12-lead EKG leads
- May assist patient to self-medicate own prescribed aspirin up to a max dose of 325 mg

- Monitor/EKG
- IV SO
- Obtain 12-lead EKG and transmit to receiving hospital
- If STEMI, notify BH immediately and transport to appropriate STEMI center
- Report LBBB, RBBB or poor-quality EKG
- Aspirin 324 mg chewable PO SO should be given regardless of prior daily dose(s)

If SBP \geq 100 mmHg

- NTG* 0.4 mg SL SO, MR q3-5 min SO
- Treat pain per Pain Management Protocol (S-141)

Discomfort/pain of suspected cardiac origin with associated shock

- 250 mL fluid bolus IV/IO with no rales SO, MR to maintain SBP \geq 90 mmHg SO

If BP refractory to second fluid bolus

- Push-dose epinephrine 1:100,000 (0.01 mg/mL) 1 mL IV/IO BHO, MR q3 min, titrate to SBP \geq 90 mmHg BHO

Push-dose epinephrine mixing instructions

1. Remove 1 mL normal saline (NS) from the 10 mL NS syringe
2. Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe

The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.

*NTG is contraindicated in patients who have taken

- erectile dysfunction medications such as sildenafil (Viagra®), tadalafil (Cialis®), and vardenafil (Levitra®) within 48 hours; and
- pulmonary hypertension medications such as sildenafil (Revatio®) and epoprostenol sodium (Flolan® and Veletri®)