



**DISCOMFORT / PAIN OF SUSPECTED CARDIAC ORIGIN**

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**BLS**

**ALS**

<ul style="list-style-type: none"> <li>• Ensure patent airway</li> <li>• O<sub>2</sub> saturation PRN</li> <li>• Use supplemental O<sub>2</sub> to maintain saturation at 94-98%</li> <li>• O<sub>2</sub> and/or ventilate PRN</li> <li>• Do not allow patient to walk</li> <li>• If SBP <math>\geq</math>100 mmHg, may assist patient to self-medicate own prescribed NTG* SL (<b>maximum 3 doses, including those the patient has taken</b>)</li> <li>• May assist with placement of 12-lead EKG leads</li> <li>• May assist patient to self-medicate own prescribed aspirin up to a max dose of 325 mg</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor/EKG</li> <li>• IV SO</li> <li>• Obtain 12-lead EKG and transmit to receiving hospital</li> <li>• If STEMI, notify BH immediately and transport to appropriate STEMI center</li> <li>• Report LBBB, RBBB or poor-quality EKG</li> <li>• Aspirin 324 mg chewable PO SO should be given regardless of prior daily dose(s)</li> </ul> <p><b>If SBP <math>\geq</math>100 mmHg</b></p> <ul style="list-style-type: none"> <li>• NTG* 0.4 mg SL SO, MR q3-5 min SO</li> <li>• Treat pain per Pain Management Protocol (S-141)</li> </ul> <p><b>Discomfort/pain of suspected cardiac origin with associated shock</b></p> <ul style="list-style-type: none"> <li>• 250 mL fluid bolus IV/IO with no rales SO, MR to maintain SBP <math>\geq</math>90 mmHg SO</li> </ul> <p><b>If BP refractory to second fluid bolus</b></p> <ul style="list-style-type: none"> <li>• Push-dose epinephrine 1:100,000 (0.01 mg/mL) 1 mL IV/IO BHO, MR q3 min, titrate to SBP <math>\geq</math>90 mmHg BHO</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Push-dose epinephrine mixing instructions</b></p> <ol style="list-style-type: none"> <li>1. Remove 1 mL normal saline (NS) from the 10 mL NS syringe</li> <li>2. Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe</li> </ol> <p>The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.</p> </div>
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\*NTG is contraindicated in patients who have taken

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