

Acute Coronary Syndrome / Suspected Myocardial Infarction / Chest Pain (Adult)

CFR and All Provider Levels

1. ABCs and vital signs
2. Airway management and appropriate oxygen therapy
3. Place patient in a position of comfort
4. Administer chewable Aspirin 324 mg PO, if available and trained to do so

CFR STOP

EMT

5. Request ALS assistance, do NOT delay transport
6. Transport
7. If available, assist the patient with their prescribed Nitroglycerin SL for chest pain every 5 minutes as needed (maximum 3 doses) only if the patient's SBP > 120 mmHg

EMT STOP

Paramedic

8. Begin cardiac monitoring
9. Perform, record and evaluate 12-lead EKG
10. Transport to the closest appropriate STEMI-PCI Center (Appendix I: Hospital Specialty Capabilities) as needed
11. Obtain intravascular access
12. Monitor vital signs every 2-3 minutes
13. Administer Nitroglycerin 0.4 mg SL every 5 minutes as needed for chest pain only if the patient's SBP > 120 mmHg

Paramedic STOP

Medical Control Options

Key Points / Considerations

- Acute coronary syndrome is a term used for any condition brought on by sudden reduced blood flow to the heart
- Transport patients with criteria as determined by the General Operating Procedures to the closest appropriate STEMI-PCI Center
- Treat any unstable dysrhythmia prior to initiation of a 12-lead EKG
- Aspirin should NOT be enteric coated
- Aspirin shall not be administered to patients with known hypersensitivity to aspirin. Gastrointestinal complaints are not considered a contraindication
- Nitroglycerin shall not be administered to patients who have used erectile dysfunction medications within the past 72 hours, unless otherwise directed by OLMC
- If available, Fentanyl is preferred over morphine for pain management