

CARDIAC CHEST PAIN (ACUTE CORONARY SYNDROME)

UPDATED 1/2024

ALL PROVIDERS

Treatment Plan

- Focused history and physical exam
- Assess for signs or symptoms suggestive of ischemia or infarction.
- Ask patient to describe the pain utilizing the O-P-Q-R-S-T mnemonic.
 - Onset of the event, Provocation or Palliation, Quality of the pain, Region and Radiation, Severity, Time/Trend (history)
- Determine whether the patient (male or female) has taken erectile dysfunction medications such as Viagra, Levitra or Cialis within the last 24 hours.
- Continuous ECG, ETCO₂, pulse oximetry, and blood pressure monitoring.
- Serial 12 lead ECGs should be obtained every 10 minutes until ED arrival

Key Considerations

- Chest pain patients should only receive oxygen therapy as needed to target O₂ saturations ~94%
- Assess blood glucose level.

ADULT

PEDIATRIC (<15 years of Age)

NOTE: Pediatric weight based dosing should not exceed Adult dosing.

EMT

EMT

- Aspirin:** 325 mg PO chewed if patient is >18 years old and no reported allergies to aspirin
 - Administer full 325mg even if patient takes a daily dose
- Assist patient with prescribed nitroglycerin SL every 5 minutes, up to 3 doses, as long as dyspnea or chest pain persist and SBP >90 mmHg
 - Do not administer nitroglycerin if the patient (male or female) has taken erectile dysfunction medications within the last 24 hours

AEMT

AEMT

- Vascular access and fluid therapy
- IV access prior to administration of nitroglycerin is preferable, if possible
- Acquire and transmit 12 Lead EKG (If available).
- If the patient has a STEMI then transport to the closest available STEMI/PCI receiving center (if available) and give advanced notification of ECG findings and transmission of ECG if possible.
 - Confirm that a catheterization lab will be available for the patient. If NOT, then consider transporting to a different STEMI/PCI receiving center
- Chest pain with cardiac origin is rare in children, consider other causes;
 - Asthma
 - Foreign body
 - Infection
 - Trauma

- Confirm with online medical control if needed
- **Nitroglycerin:** 0.4 mg (every 5 minutes) (max of 3 doses) SL as long as chest symptoms persist *and* SBP >90 mmHg
- Administer with caution in patients with known inferior ST-Elevation MI
- Do not administer nitroglycerin if the patient (male or female) has taken erectile dysfunction medications within the last 24 hours
- If hypotension occurs following nitroglycerin administration, administer 500mL bolus of NS or LR and withhold further nitroglycerin.
- Pain medications per ***Pain Management Guideline***
 - **Fentanyl** appears to have less effect on antiplatelet agents than morphine and may be preferred in patients with ACS

PARAMEDIC

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☎ Contact OLMC for further instructions.

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