

# CARDIAC CHEST PAIN (ACUTE CORONARY SYNDROME) **UPDATED 4/2025**

## 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.
- 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, ETCO<sub>2</sub>, 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 O<sub>2</sub> saturations ~94%
- Assess blood glucose level.

## ADULT

**PEDIATRIC**  
Pediatric weight-based dosing should not exceed  
Adult dosing.

### EMT

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### ☐ **Aspirin - 325 mg PO**

- Administer full 325mg even if patient takes a daily dose

### ☐ Assist patient with prescribed nitroglycerin every 5 minutes, as long as dyspnea or chest pain persist and SBP >90 mmHg (Max 3 doses)

### AEMT

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- ☐ Vascular access and fluid therapy
- ☐ IV access prior to administration of nitroglycerin is preferable, if possible
  - Acquire and transmit 12 Lead EKG (If available).
- ☐ **Nitroglycerin:** 0.4 mg (every 5minutes) (max of 3 doses) SL as long as chest symptoms persist *and* SBP >90 mmHg or MAP >65
  - Administer with caution in patients with known inferior ST-Elevation MI
  - If hypotension occurs following nitroglycerin administration, administer 500mL bolus of NS or

- ☐ Chest pain with cardiac origin is rare in children, consider other causes;
  - Asthma
  - Foreign body
  - Infection
  - Trauma

LR and withhold further nitroglycerin.

☐ Pain medications per ***Pain Management Guideline***

- **Fentanyl** appears to have less effect on antiplatelet agents than morphine and is preferred in patients with ACS

PARAMEDIC

PARAMEDIC