

APPROVED: SIGNATURE ON FILE IN EMS OFFICE  
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Medical Director

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**CORONARY ISCHEMIC CHEST DISCOMFORT**

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL

Characterized by: Substernal chest pain; chest or epigastric discomfort, heaviness, squeezing, burning or tightness; pain radiating to, or isolated to jaw, shoulders, arms or back; nausea; diaphoresis; dizziness; dyspnea; anxiety or back pain. Patient may have history of coronary artery disease. Up to 1/4 of coronary ischemia (Acute Coronary Syndrome) patients may have no chest discomfort at all-- this is more common in the elderly and diabetics.

Risk factors are more important than the pattern of chest discomfort. Prior history of ischemic heart disease, cigarette smoking, hypertension, high cholesterol, diabetes, and recent cocaine/amphetamine abuse are the strongest risk factors.

**STANDING ORDERS**

**ABC's**

**OXYGEN**

**MONITOR** Treat rhythm as appropriate.

**ASPIRIN** 324 mg chewed PO unless taken in past 6 hrs or allergy to ASA identified

**NITROGLYCERIN** 0.4 mg sublingual (**if systolic BP > 100**). May repeat every 3 minutes. Contact Base Hospital before administering nitroglycerin to patients taking Viagra (Sildenafil) within the past 6 hours.

**IV ACCESS** Normal Saline TKO. (Do not delay the administration of nitroglycerin due to difficult IV starts.)

**MORPHINE** Up to 5 mg slow IVP, then 2.5 mg increments slow IV (**if systolic BP greater than 100**) to relieve pain. May repeat as needed. Start Morphine therapy if pain persists after 2<sup>nd</sup> dose of NTG.

**Maximum Morphine dose without Base Physician contact is 20 mg.**

If BP drops below 90 at any time CONTACT BASE PHYSICIAN before continuing nitroglycerin or morphine

**BASE PHYSICIAN ORDERS**

**MORPHINE** Additional morphine per Base Physician order