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 Executive Director

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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 a patient treatment standard for EMT-Is and Paramedics within their scope of practice.
- 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

ASSESS	CAB
OXYGEN	Oxygen delivery as appropriate.
MONITOR	12 Lead EKG – If interpretation results reveal ***ACUTE MI/SUSPECTED*** , expedite transport to SRC as directed if transport time is less than 60 minutes. It is preferable to obtain 12 lead prior to Nitro administration or transport. Repeat post-treatment if patient symptomatic and condition permits.
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	TKO. (Do not delay the administration of nitroglycerin due to difficult IV starts)
PAIN MANAGEMENT	Start Morphine therapy if pain persists after 2 nd dose of NTG. Refer to Pain Management Protocol 554.44
	If BP drops below 90 at any time CONTACT BASE PHYSICIAN before continuing nitroglycerin or morphine