

**ADULT CARDIAC CHEST PAIN/ACUTE CORONARY SYNDROME****FOR USE IN ADULT PATIENTS****BLS**

- Universal Protocol #601 Pulse Oximetry
  - O<sub>2</sub> administration per Airway Management Protocol #602
- **Aspirin** 162 mg PO (non-enteric coated) chewable tablets
- May assist with administration of patient's prescribed **Nitroglycerin** with SBP  $\geq$  100 mmHg

**ALS Standing Orders**

- Obtain 12-lead ECG early
- **Nitroglycerin** 0.4 mg SL tablet or spray
  - Repeat every 5 min
- **Nitroglycerin Paste** 1 inch (1 Gm) may be considered after initial dose(s) of SL Nitroglycerin
- **HOLD NITROGLYCERIN** and consult base if:
  - SBP is trending towards or drops  $<$  100 mmHg or in the presence of other signs/symptoms of hemodynamic instability
  - Evidence of Right Ventricular Infarction (RVI) – see Notes

**MODERATE or SEVERE PAIN**

- **Refractory to Nitroglycerin**
  - **Fentanyl** 25-50 mcg SLOW IV (over 1 min), titrated to pain improvement, maintain SBP  $\geq$  100 mmHg
    - May repeat after 5 min if needed (not to exceed 200 mcg total)

**If difficulty obtaining IV**

- **Fentanyl** 50-100 mcg IM/IN (use 1 mcg/kg as guideline)
  - May repeat after 15 min if needed (not to exceed 200 mcg total)

**Base Hospital Orders Only**

- **Nitroglycerin** with
  - Significant decrease in SBP after administration
  - Patients taking erectile dysfunction medications
  - Atrial fibrillation with RVR
  - Evidence of RVI
- Additional **Fentanyl**
  - **Persistent hypotension**
- **Normal Saline** bolus up to 500 mL
- **Push-Dose Epinephrine 10 mcg/mL** 1mL IV/IO every 1-3 min
  - Repeat as needed to maintain SBP  $>$ 90 mmHg
  - See notes for mixing instructions
- OR**
- **Epinephrine Drip** start at 10 mcg/min IV/IO infusion
  - Consider for extended transport
  - See formulary for mixing instructions
- As needed

**Notes**

- Acute Coronary Syndrome – a group of conditions resulting from acute myocardial ischemia – including: chest/upper body discomfort, shortness of breath, nausea/vomiting, or diaphoresis
- Evidence for RVI: All inferior STEMI should be evaluated for ST elevation in V4R

- Atrial fibrillation with RVR is atrial fibrillation with a ventricular rate > 100
- Early notification of the SRC with "STEMI Alert" with a 12-lead ECG reading of \*\*\*Acute MI Suspected\*\*\* or equivalent based on monitor type.
- "STEMI Alerts" consider a secondary IV with NS lock to assist the Cath Lab in tubing changes
- **Mixing Push-Dose Epinephrine 10 mcg/mL (1:100,000): Mix 9 mL of Normal Saline with 1 mL of Cardiac Epinephrine 1:10,000 (0.1 mg/mL), mix well**