# CHEST PAIN OF SUSPECTED CARDIAC ORIGIN OR SUSPECTED ANGINAL EQUIVALENT

## BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures provided prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. If 12-lead ECG is reported to show **bundle branch block** (right or left) or pacemaker rhythm, assume chest pain is the result of cardiac ischemia and may be an acute MI, refer to an open CVRC.
3. For patients with suspected cardiac chest pain and **low BP**, hold nitroglycerin and if lungs clear to auscultation, give 250 mL normal saline bolus (this situation is not uncommon with right coronary ischemia and infarcts).
4. OCEMS paramedics may contact a Base for suspected acute MI based on the internal reading of the 12-lead recorder or based on their own reading of the ECG.
5. Before assigning a CVRC destination, assure that there is an open cath lab at the proposed receiving CVRC and that the ED is not closed on the ReddiNet.
6. If a **patient requests** a CVRC that is not the closest and transport time is 20 minutes or less, such a request can be honored if the patient is stable (primarily BP greater than 90 systolic).
7. Supplemental oxygen should be held if the pulse oximetry reading is 95% or above on room air.
8. Consider administering **nitroglycerin** to a chest pain patient with a blood pressure above 90 systolic as the IV is being established or if an IV cannot be established.

## ALS STANDING ORDER

1. Monitor cardiac rhythm.
2. Obtain **12-lead ECG** as soon as possible, preferably prior to leaving scene; if acute MI indicated (see Treatment Guideline # 1 below) or a STEMI is suspected based on paramedic interpretation of 12-lead ECG, make Base Hospital contact for CVRC destination with an open cardiac catheterization lab.
3. Administer **aspirin** if not previously taken by patient within 4 (four) hours prior to EMS arrival and none of the following exists:
   - A. If chest pain radiates directly to the mid-back or the patient reports mid-back pain, hold aspirin as this may be a symptom of a dissecting aorta, particularly in a patient with a history of hypertension.
   - B. Patient is on anticoagulant ("blood thinners") medication such as Coumadin, Pradaxa®, Effient®, and Lovenox® or antiplatelet medications such as Plavix®.
   - C. Patient reports history of aspirin allergy
   - D. Patient reports recent history of asthma.
   - ► *Aspirin 4 (four) 81 mg chewable tablets (chew) or one 325 mg regular tablet.*
4. **Pulse oximetry**; if room air $O_2$ Saturation less than 95%:
   - ► *Administer oxygen by mask or nasal cannula at 6 l/min flow rate, as tolerated and monitor $O_2$ saturation.*

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9. If a patient is wearing a **LifeVest®**, Proceed with standard evaluation and treatment measures.
   A. Initiate CPR unless the vest device is broadcasting "press the response buttons," "electrical shock possible, do not touch patient," or "bystanders do not interfere."
   B. Follow standard treatment as described in algorithms above and remove the LifeVest® and monitor/treat the patient with the standard monitor-defibrillator.
   C. To remove the LifeVest®, first pull out or disconnect the battery, then remove the garment from the patient.
   D. Instruct team to take vest and equipment to the receiving hospital.

### ALS STANDING ORDER

5. For initial management of suspected cardiac pain give:
   - ► ***Nitroglycerin*** *0.4 mg SL if systolic BP above 90 mm/Hg; repeat approximately every 3 minutes for continued discomfort; maximum total of 3 doses if systolic BP above 90 mm/Hg* (Do not include possible doses patient took prior to ALS arrival as part of 3 EMS doses).

6. If **pain unrelieved with 3 doses of nitroglycerin** or nitroglycerin cannot be administered, give:
   - ► *Morphine Sulfate: 5 mg (or 4 mg carpuject) IV, may repeat once after approximately 3 minutes* (hold if BP less than or drops below 90 systolic)
     OR,
     *Fentanyl 50 mcg IV, may repeat once after approximately 3 minutes for continued pain* (hold if BP less than or drops below 90 systolic).

7. For **nausea or vomiting**:
   - ► *Ondansetron (Zofran®): ODT 8 mg (two 4 mg tablets) orally to dissolve inside of cheek, once;*
     *OR,*
     *Ondansetron (Zofran®): 4 mg IV, may repeat 4 mg IV in approximately 3 minutes if symptoms persist.*

8. ALS escort to nearest ERC or contact Base Hospital as needed or if acute MI (STEMI) for CVRC destination.

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