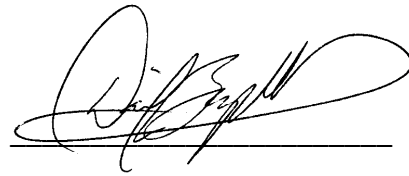


EL DORADO COUNTY EMS AGENCY

PREHOSPITAL PROTOCOLS

Effective: January 1, 2017



EMS Agency Medical Director

BLS Chest Pain of Suspected Cardiac Origin

INFORMATION NEEDED:

Discomfort or pain: (OPQRST) Onset, Provocation, Quality, Radiation, Severity, Timing.

Associated Symptoms: Nausea, vomiting, diaphoresis, dyspnea, dizziness, palpitations, indigestion.

Medical History: Other medical problems, including hypertension, diabetes or stroke.

History of aspirin use: Has the patient taken an aspirin today?

Does the patient usually take aspirin?

Has the patient been advised by their private medical doctor to take one (1) aspirin a day?

OBJECTIVE FINDINGS:

- General Appearance:
 - Level of distress, apprehension, skin color, diaphoresis.
- Signs of CHF:
 - Dependent edema, respiratory distress, distended neck veins
- Chest auscultation:
 - Muffled heart tones, lung sounds, stridor, wheezes, rales, abd, tenderness

Asses pain on a 1-10 scale

TREATMENT:

1. Reassure patient and place in position of comfort, or supine if patient is hypotensive.
2. Ensure ALS Response.
3. Oxygen 10-15 L/min via non-rebreather mask, start at 2 L via cannula if the patient has a history of COPD. Be prepared to support ventilations with appropriate airway adjuncts.

4. Assess patient: primary, secondary, history.
5. Assist patient in taking their own aspirin 324mg PO
6. Assist patient with taking their **own** sublingual nitroglycerin- **EMT ONLY** (1 tablet or metered spray dose sublingual) if systolic blood pressure is greater than 100. May be repeated every 5 minutes to a maximum of 3 doses, if systolic blood pressure remains greater than 100. Note: Nitroglycerin is contraindicated and should **NOT** be administered to patients of either gender who have taken any EDD medications such as Viagra, Levitra or Cialis within 36 hours.
7. Routine medical Care.

Note: Possible thrombolytic/STEMI candidates should be identified and transported immediately with treatment performed en route. Not all AMI/ACS patients present with chest pain; other signs or symptoms (such as: feelings of impending doom, diaphoresis, palpitations, nausea, abd pain, dyspnea, pain in back, arm or jaw) may be present that could also indicate an ACS/AMI. Contact the base station hospital for all STEMI patients and for orders in all suspected AMI/ACS cases not presenting with chest discomfort, pain, or pressure. Consider air transport for STEMI patients in remote areas or for long distance ground transport times.