

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8030.20
	PROGRAM DOCUMENT: Discomfort/Pain of Suspected Cardiac Origin	Draft Date:	09/07/14
		Effective:	11/01/16
		Revised:	03/14/16
		Review:	05/01/18

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as treatment standard for **Sacramento County Emergency** Medical Technicians and Paramedics when treating patients with discomfort/pain of suspected cardiac origin.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

BLS TREATMENT

ABC's / Routine Care- Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 possible.
Transport

ALS TREATMENT

Transport or treatment destination should occur concurrently.
Pulse Oximetry when available shall be used.
Cardiac Monitor
Nitroglycerine (NTG)

- 0.4 mg tablet or equivalent spray sublingual if Systolic Blood Pressure (SBP) > 90mmHg. May be repeated every 5 minutes.
- Titrate subsequent NTG to pain relief as long as the SBP > 90 mmHg while simultaneously establishing intravenous (IV) access.
- Absence of an IV shall not preclude use of NTG as long as all other criteria are met.

Caution: NTG shall not be given to patients who have taken PDE-5 inhibitors [Avanafil, Sildenafil, Tadalafil, Vardenafil, Vildenafil or equivalent] within the last 48 hours.
Aspirin (ASA) Administer 320 mg-325 324mg chewable ASA orally, except in cases of intolerance of or allergy to ASA. Concurrent anticoagulation therapy is not a contraindication for ASA administration.
Establish IV access with Saline Lock
Obtain 12- Lead Electrocardiogram (ECG)

Note: the most appropriate facility for hemodynamically stable patients (SBP > 90 mmHg), who have a 12-Lead ECG consistent with an acute myocardial infarction (MI), is a facility providing interventional cardiac catheterization services. Examples of 12 Lead

ECG computer interpretations reading “Acute MI”, “Acute MI Suspected”, “ST Elevation Criteria Met”, or “STEMI” are accepted as consistent with an acute myocardial infarction.

Hemodynamically unstable patients (SBP < 90 mmHg) shall be transported to the time closest facility providing interventional cardiac catheterization services.

~~Patients should not have transport unduly delayed by attempts to obtain a 12-Lead ECG.~~
All cardiac monitor interpretations shall be relayed to the receiving facility prior to arrival.

If NTG is contraindicated or after the third (Paramedic-administered) NTG, the patient does not have relief of chest discomfort/pain; the Paramedic may elect to administer pain medication as per Pain Management Policy PD #8066

If patient is nauseated and/or vomiting refer to Policy, PD#8063

Cross Reference: Pain Management PD# 8066
Nausea and/or Vomiting PD#8063