

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	<b>Document #</b>	<b>8030.23</b>
	<b>PROGRAM DOCUMENT:</b>  <b>Discomfort/Pain of Suspected Cardiac Origin</b>	<b>Initial Date:</b>	<b>09/07/14</b>
		<b>Last Approval Date:</b>	<b>11/01/17</b>
		<b>Effective Date:</b>	<b>11/01/17</b>
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 EMS Medical Director

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 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.

Aspirin (ASA) - Administer 324mg chewable ASA orally, except in cases of intolerance or allergy to ASA. Concurrent anticoagulation therapy is not a contraindication for ASA administration. **If ASA is not administered, the reason shall be documented in the ePCR.**

**Transport**

## ALS TREATMENT

**Transport or treatment destination should occur concurrently.**

**Pulse Oximetry** shall be used.

**Cardiac Monitor**

**Nitroglycerine (NTG):**

- 0.4 mg 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.

**Establish IV access** with Saline Lock

**Obtain 12- Lead Electrocardiogram (ECG)\***

1. If the 12 lead is consistent with an Acute STEMI:
  - The patient shall be transported to a facility capable of providing interventional cardiac catheterization services.
  - The receiving facility shall receive a pre-alert notification of "STEMI" and must be documented in the ePCR

\*12-Lead transmission to base or receiving hospitals shall be in accordance to 12-Lead ECG Procedure, PD#8827.10.

\*A copy of all 12-Leads shall be delivered with the patient.

**Special Considerations:**

- 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
- Hemodynamically unstable patients (SBP < 90 mmHg) with "+STEMI" ECGs shall be transported to the time closest facility providing interventional cardiac catheterization services.

Cross Reference:     Pain Management PD# 8066  
                              Nausea and/or Vomiting PD#8063  
                              12-Lead ECG PD# 8827