

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8030.23
	<u>PROGRAM DOCUMENT:</u> Discomfort/Pain of Suspected Cardiac Origin	Initial Date:	09/07/14
		Last Approval Date:	11/01/17
		Effective Date:	11/01/18
		Next Review Date:	05/01/20

 Signature on File
 EMS Medical Director

 Signature on File
 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	
I.	ABC's/Routine Care-Supplemental O2 as necessary to maintain SPO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
II.	Aspirin (ASA)- Administer 324mg chewable ASA orally, except in cases of 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.
III.	Transport
ALS	
I.	Transport and treatment should occur concurrently.
II.	Pulse Oximetry shall be used.
III.	Cardiac Monitor
IV.	Nitroglycerine (NTG): <ul style="list-style-type: none"> ● 0.4 mg sublingual is 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 vascular access. ● Absence of vascular access shall not preclude use of NTG as long as all other criteria are met.
<p>Caution: NTG shall not be given to patients who have taken PDE-5 inhibitors [Avanafil, Sildenafil, Tadalafil, Vardenafil, Videnafil or equivalent] within the last 48 hours.</p>	
V.	Establish vascular access.
VI.	Obtain 12-Lead Electrocardiogram (ECG) <ul style="list-style-type: none"> 1. If the patient is consistent with an Acute STEMI: <ul style="list-style-type: none"> ● The patient shall be transported to the closest designated STEMI center. ● The closest designated STEMI center shall receive the positive STEMI ECG and a pre-alert notification of "STEMI" and must be documented in the ePCR.

- 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 an Acute STEMI ECG 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