

EL DORADO COUNTY EMS AGENCY PREHOSPITAL PROTOCOLS

Effective: July 1, 2015

Reviewed: July, 2017, 2019

Revised: July, 2017


EMS Agency Medical Director

CHEST PAIN/ACUTE CORONARY SYNDROME (ACS)

BLS TREATMENT

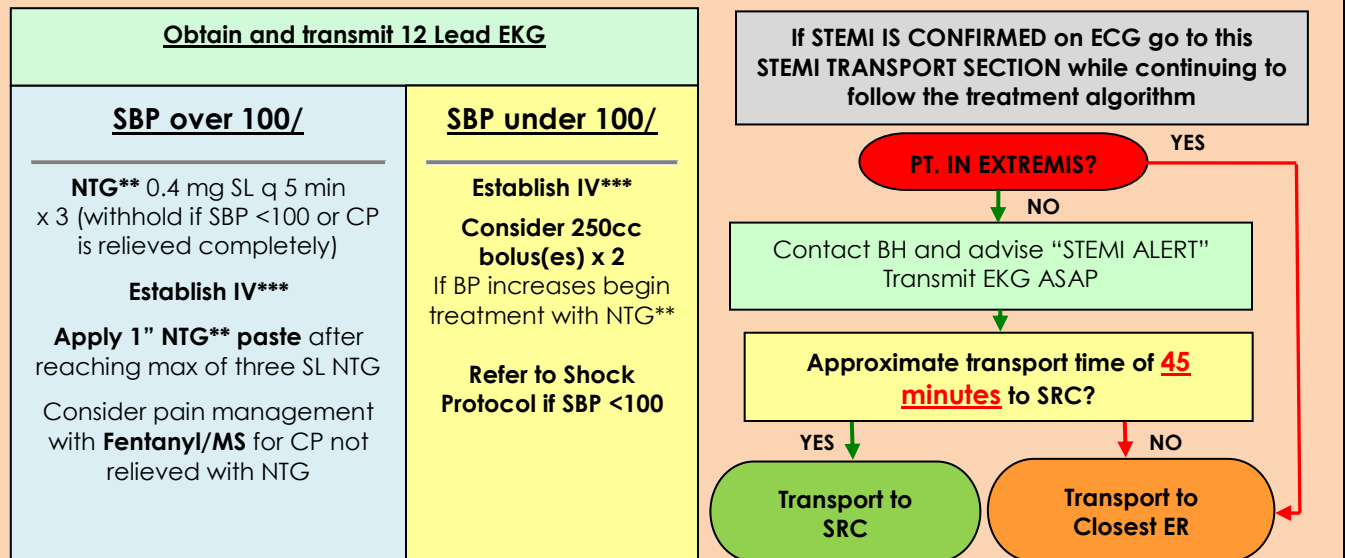
ROUTINE MEDICAL CARE - administer oxygen at appropriate flow rate. Keep patient in position of comfort and don't allow patient to walk.

ASPIRIN* – Give 324 MG PO.

BLS personnel may assist patient with own medications (NTG), see **Field Policy: BLS Medication Administration**.

PROTOCOL PROCEDURE: 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, dyspnea, pain in back, arm, or jaw) may be present that could also indicate an ACS/AMI. Contact the base station 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 ground transport times. **12 lead EKGs cannot solely diagnose an AMI, treat all potential cardiac symptoms as such, regardless of 12 lead findings.**

ALS TREATMENT



NOTES:

*ASA should be given even if the patient's symptoms have subsided or the patient has self-administered prior to your arrival.

**If patient has taken any erectile dysfunction medication in the last 48 hours do not give NTG or apply NTG paste. Go directly to Fentanyl or MS if SBP is >100 in this situation.

**NTG paste should be applied after reaching maximum dose of SL NTG and should only be removed if SBP <100.

*** Consider second IV and/or Twin Cath with saline lock for suspected STEMI/thrombolytic candidates.

References: Formulary; Nitro, Aspirin, Fentanyl, Morphine
Routine Medical care, BLS Medication administration