

Southern Illinois Regional EMS System

CC-1 INITIAL CARDIAC CARE/CHEST PAIN

BLS

Initial Cardiac Care:

- Patient Assessment and Initial Care protocol
- Administer oxygen at 2-6 LPM cannula or 10-15 LPM NRB.
- Carefully inquire into the patient's use of Viagra (Sildenafil Citrate), Cialis (Tadalafil) or Levitra (Vardenafil) within the last 24 hours.
- **Aspirin 324 mg (4 x 81mg tabs)**, chewed and swallowed, unless contraindicated.
 - Withhold ASA if patient has taken 325mg in the last 4 hours.
 - If pt has taken 81mg ASA in last 4 hours, give 81mg ASA x3 to equal 324mg dose.
 - Contraindications to aspirin administration:
 - ASA allergy
 - Sudden severe headache
 - Possible hemorrhagic stroke or recent head trauma
 - Active GI bleeding
 - Active ulcer disease
 - Bleeding disorders
 - Children

Pain Management:

- Systolic BP >100 and symptomatic:
 - Consider assisting the patient with **NTG 0.4mg SL**:
 - Nitroglycerin must be the patient's own prescription
 - Consider contraindications
 - Erectile dysfunction drug use in the last 24 hours
 - Hypotension
 - NTG allergy
 - Sudden severe headache
 - Possible hemorrhagic stroke or recent head trauma
 - Contact Medical Control
 - Consider ALS upgrade
 - Transport

ILS/ALS

Initial Cardiac Care:

- Patient Assessment and Initial Care protocol
- Administer oxygen at 2-6 LPM cannula or 10-15 LPM NRB.
- Apply cardiac monitor
- Obtain 12 lead ECG (if applicable)
- Initiate IV of NS at 20cc/hr. (TKO)
- Carefully inquire into the patient's use of Viagra (Sildenafil Citrate), Cialis (Tadalafil) or Levitra (Vardenafil) within the last 24 hours.
- **Aspirin 324 mg (4 x 81mg tabs)**, chewed and swallowed, unless contraindicated.

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- Withhold ASA if patient has taken 325mg in the last 4 hours.
- If pt has taken 81mg ASA in last 4 hours, give 81mg ASA x3 to equal 324mg dose.
- Contraindications to aspirin administration:
 - ASA allergy
 - Sudden severe headache
 - Possible hemorrhagic stroke or recent head trauma
 - Active GI bleeding
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 - Bleeding disorders
 - Children

Pain Management:

- Systolic BP >100 and symptomatic:
 - **NTG 0.4mg SL:**
 - Initial NTG may be given prior to IV start.
 - May repeat NTG in 5 minutes if Systolic BP > 100 and IV established.
- Systolic BP > 100 and pain unrelieved by NTG x 3:
 - **Morphine Sulfate 2-10mg** IVP in 2 mg increments every 5 minutes as needed
 - Do not exceed 10 mg
 - (ALS) If allergy to Morphine, consider **Fentanyl 1 mcg/kg (max of 50 mcg initial dose)**
 - Repeat in increments of **25 mcg** every 5 min. with Medical Control approval
 - Elderly >65: maximum of **25 mcg** initial dose, not to exceed total dose of **100 mcg**
- WITHHOLD pain management medications if the patient presents with
 - ST segment elevation in the inferior leads (II, III, aVF)
 - Signs of right ventricular involvement
 - ST segment elevation in:
 - Right sided 12 lead ECG
 - 15 lead ECG method or single V4R tracing

Severe Nausea or Vomiting Associated with Chest Pain or from Medication:

- **Ondansetron 4mg** IVP or **Phenergan 12.5mg** IM may be given one time if transport time is greater than 15 minutes.
 - Shorter transport times require on-line Medical Control orders.

Unstable: Altered Mental Status or Signs of Hypoperfusion

- Consider other etiologies
- If pulse < 60, treat per Bradycardia protocol.
- If Pulse > 60, treat per Cardiogenic Shock protocol.
- Treat dysrhythmias per appropriate protocol.

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Transport:

- Monitor ECG and vital signs.
- Contact Medical Control and transport ASAP. Do NOT delay transport to start IV.
- Consider serial 12 lead ECGs if patient condition and transport times allow (if applicable).

Note:

- Baseline vital signs must be obtained before medication administration.
- Observe for hypotension and respiratory depression.