



CORONARY ISCHEMIA CHEST PAIN

ADULT

BLS Procedures

Assess Vitals.
Obtain spO2.
Oxygen. Titrate to SPO2 to 94% or higher.
Provide calming measures.

Aspirin 324 mg PO.

Assist with Nitroglycerin 0.4 mg Sublingual.

- May assist if patient has existing Nitroglycerin prescription.
- Do not administer if SBP less than 100 mmHg.
- May repeat every 5 minutes.
- Max of 3 total doses (1.2mg total)

ALS Standing Orders

Follow BLS procedure if applicable.

Obtain ECG & 12-lead.

- Shall obtain 12-lead within 10 minutes of patient contact or document the reason for delay in PCR.
- If accurately obtained 12-lead ECG interpretation reveals *****ACUTE MI/SUSPECTED***** or manufacturer equivalent, expedite transport to SRC, and transmit ECG to STEMI Receiving Center.

IV/IO Access as needed.

Utilize ETC02 for patients receiving narcotics.

Nitroglycerin 0.4 mg Sublingual.

- May repeat every 5 minutes.
- Max of 3 total doses (1.2 mg), including NTG taken by patient, or NTG assisted by BLS.

Utilizing Paramedic judgment, refer to “Pain Management” protocol if pain persists after Nitroglycerin administration.

Contraindications

Nitroglycerin

- SBP less than 100mmHg
- PDE-5 inhibitors within 24 hours
 - PDE-5 inhibitors include Sildenafil (Viagra), Avanafil (Stendra), Tadalafil (Cialis), Vardenafil (Levitra and Staxyn), or equivalent.

Special Considerations

- Accurate 12-Lead ECG means minimal to no artifact, with a steady and straight baseline tracing.
- Repeat ECG’s may be necessary to achieve an accurate 12-Lead ECG
- Female, geriatric, and diabetic patients often have atypical pain/discomfort. Have a high index of suspicion for these patients and perform early 12-Lead ECG

Base Hospital Orders Only

Contact Base Hospital physician for treatment that exceeds written protocol