ADULT CARDIAC CHEST PAIN/ACUTE CORONARY SYNDROME

FOR USE IN ADULT PATIENTS

BLS

- Universal Protocol #601 Pulse Oximetry
  - O_2 administration per Airway Management Protocol #602
- **Aspirin** 162 mg PO (non-enteric coated) chewable tablets
- May assist with administration of patient's prescribed **Nitroglycerin** with SBP ≥ 100 mmHg

ALS Standing Orders

- Obtain 12-lead ECG early
- **Nitroglycerin** 0.4 mg SL tablet or spray
  - Repeat every 5 min
- **Nitroglycerin Paste** 1 inch (1 Gm) may be considered after initial dose(s) of SL Nitroglycerin
- **HOLD NITROGLYCERIN** and consult base if:
  - 500 mL fluid bolus has been administered and SBP is trending towards or drops < 100 mmHg <u>or</u> in the presence of other signs/symptoms of hemodynamic instability.
  - Evidence of Right Ventricular Infarction (RVI) – see Notes

MODERATE or SEVERE PAIN

- **Refractory to Nitroglycerin**
  - **Fentanyl** 25-50 mcg SLOW IV (over 1 min), titrated to pain improvement, maintain SBP ≥ 100 mmHg
    - May repeat after 5 min if needed (not to exceed 200 mcg total)

If difficulty obtaining IV

  - **Fentanyl** 50-100 mcg IM/IN (use 1 mcg/kg as guideline)
    - May repeat after 15 min if needed (not to exceed 200 mcg total)

Base Hospital Orders Only

- **Nitroglycerin** with
  - Significant decrease in SBP after administration
  - Patients taking erectile dysfunction medications
  - Atrial fibrillation with RVR
  - Evidence of RVI
- Additional **Fentanyl**

Persistent hypotension

- **Additional Normal Saline** bolus up to 500 mL
- **Push-Dose Epinephrine 10 mcg/mL** 1mL IV/IO every 1-3 min
  - Repeat as needed to maintain SBP >90 mmHg
  - See notes for mixing instructions

OR

- **Epinephrine Drip** start at 10 mcg/min IV/IO infusion
  - Consider for extended transport
  - <u>See formulary for mixing instructions</u>
- As needed

Notes

- Acute Coronary Syndrome – a group of conditions resulting from acute myocardial ischemia – including: chest/upper body discomfort, shortness of breath, nausea/vomiting, or diaphoresis
- Evidence for RVI: All inferior STEMI should be evaluated for ST elevation in V4R

- Atrial fibrillation with RVR is atrial fibrillation with a ventricular rate > 100
- Early notification of the SRC with "STEMI Alert" with a 12-lead ECG reading of ***Acute MI Suspected*** or equivalent based on monitor type.
- Large bore IVs are preferred in "STEMI Alerts".
- "STEMI Alerts" consider a secondary large bore IV with NS lock to assist the Cath Lab in tubing changes
- Have defibrillation pads out and ready on all "STEMI Alerts".
- On "STEMI Alerts," clear the patient's chest of clothing or any obstructions to the rapid placement of defibrillation pads, not including safety harnesses.
- **Mixing Push-Dose Epinephrine 10 mcg/mL (1:100,000)**: Mix 9 mL of **Normal Saline** with 1 mL of **Cardiac Epinephrine 1:10,000 (0.1 mg/mL)**, mix well