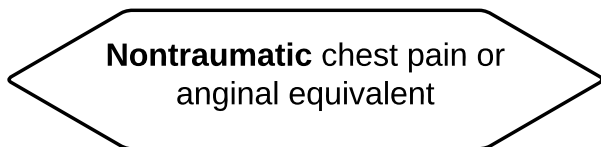


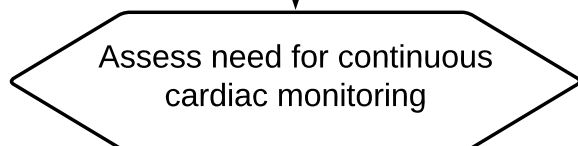
# Chest Pain/STEMI Administrative Guideline



<b>History</b> <ul style="list-style-type: none"> <li>• Age</li> <li>• Medications (Viagra / sildenafil, Levitra / vardenafil, Cialis / tadalafil)</li> <li>• Past medical history (MI, Angina, Diabetes, post menopausal)</li> <li>• Recent physical exertion</li> </ul>	<b>Signs and Symptoms</b> <ul style="list-style-type: none"> <li>• CP (pain, pressure, aching, vice-like tightness)</li> <li>• Location (substernal, epigastric, arm, jaw, neck, shoulder)</li> <li>• Radiation of pain</li> <li>• Pale, diaphoresis</li> <li>• Shortness of breath</li> <li>• Nausea, vomiting, dizziness</li> <li>• Time of onset</li> </ul>	<b>Differential</b> <ul style="list-style-type: none"> <li>• Angina vs. Myocardial infarction</li> <li>• Pericarditis</li> <li>• Pulmonary embolism</li> <li>• Asthma / COPD</li> <li>• Pneumothorax</li> <li>• Aortic dissection or aneurysm</li> <li>• GE reflux</li> <li>• Chest wall injury or pain</li> <li>• Pleural pain</li> </ul>
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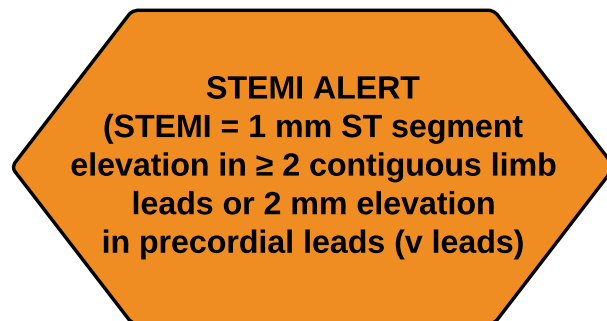


B	If dyspneic or hypoxemic administer oxygen and titrate to maintain SpO <sub>2</sub> of 94% May obtain 12 lead ECG for paramedic interpretation IV access (if authorized)
	Administer <b>aspirin 324 mg PO</b> (chewed) Administer <b>250 mL NS/LR fluid bolus</b> for SBP < 110 May repeat as needed
P	IV access Obtain 12 lead ECG and transmit, when available
	Administer <b>250 mL NS/LR fluid bolus</b> for SBP < 110 May repeat as needed Administer <b>ondansetron 4 mg IV</b> , as needed for nausea Consider <b>morphine 0.1 mg/kg IV/IO</b> <b>2-5 mg</b> increments every 5 minutes, to a max total dose 20 mg Hold for hypotension Consider <b>nitroglycerin 0.4 mg SL</b> tablets if SBP > 110 mm Hg May repeat every 5 minutes until pain relieved or to a max of 3 doses



ALS Transport

BLS Transport



Obtain second IV

Transport patient to **Cardiac Receiving Center** or **Certified Chest Pain Center** with 24/7 cath lab capabilities

Patients without STEMI can be transported to the nearest receiving facility

**Chest Pain patients who require cardiac monitoring**

- Ongoing severe chest pain
- ECG computer description of ischemia, acute MI, or dysrhythmia
- Patients receiving IVF or ALS medications\*
- Paramedic discretion

*\*narcotic may not require ALS transport per agency policy*