

The following protocol is designed as an approach to the conscious patient presenting with a primary complaint of chest pain, chest discomfort, and/or atypical signs/symptoms of cardiac nature

Patients <18 years old should NOT receive Nitroglycerin, Aspirin or Plavix

General Care

BLS

1. Initial Assessment/Care (Protocol 1).
2. Administer Aspirin 324 mg (4 tablets) orally (PO). Have the patient chew and swallow the baby aspirins. Prior to administration, assess the patient's history for the presence of possible contraindications to aspirin administration which include;
 - a) Known allergy to aspirin.
 - b) History of bleeding ulcers.

ALS

3. Perform a 12 lead ECG. **Rule out Right Ventricular Involvement prior to administering Nitroglycerin and/or Morphine Sulfate.**

Patients meeting any of the below criteria requires a 12 lead ECG **and** will be transported ALS with continuous monitoring of the ECG for any changes in the rhythm until transfer of care is completed.

- a) All chest pain or chest discomfort, including atypical presentation, consistent with myocardial ischemia, unless due to penetrating injury.
- b) Cardiac dysrhythmias in an adult: Heart rate greater than 120 BPM or heart rate less than 50 BPM. In children, heart rate > 220 BPM.
- c) Epigastric pain (unless evidence of G. I. bleeding) in all patients > 35 years of age. Epigastric pain is defined as pain above the umbilicus.
- d) Diaphoresis not explained by environment. May be associated with nausea and/or vomiting.
- e) Sudden onset of any abnormal breathing problems, CHF or pulmonary edema.

- f) Syncope and near syncope, including children.
- g) All overdoses.
- h) PVC's.
- i) Unexplained back pain (non-traumatic).
- j) Administration of Nitroglycerin.
- k) Known or suspected carbon monoxide (CO) poisoning.
- l) Non-traumatic arm or jaw pain.
- m) Administration of Zofran

IF THERE IS EVIDENCE OF A STEMI, GO TO **(PROTOCOL 11 SECTION A)**

A. Systolic B/P \geq 90 mmHg

1. Administer **NTG spray SL** every 5 minutes, reassessing vitals prior to administration.
2. **DO NOT** administer Nitroglycerin if a patient is known or suspected to have taken Viagra (sildenafil), Revatio (sildenafil) or Levitra (vardenafil) within the last 24-hours OR Cialis (tadalafil), Adcirca (tadalafil) within the last 72 hours. There may be additional sexually enhancing drugs that apply.
3. Administer **Morphine 2mg slow IVP**. Can be repeated every 3-5 minutes if systolic BP remains above 90mmHg or until complete relief of signs or symptoms.
4. If patient has a true allergy to Aspirin administer Plavix 75 mg (1 tablet) orally (PO). Have the patient swallow the tablet whole. Plavix is not to be chewed

NOTE: Morphine may be given concurrently with Nitroglycerin as soon as an IV has been established.

5. Administer **Zofran 4mg SL (Do not administer Zofran to pregnant females)**

B. Systolic BP < 90 mmHg

1. Administer a fluid bolus of up to 1000 ml reassess BP and lung sounds often.
Discontinue administering fluids once the systolic BP \geq 90 mmHG.

Note: The entire 1000 ml of fluids does not have to be administered in order to proceed to Dopamine. Clinical judgement may be used in determining when to proceed from fluids to Dopamine.

2. If the blood pressure remains below 90 mmHg, begin Dopamine 10mcg/kg/min and titrate to a systolic BP of 100 mmHg.

**** NOTE:** Obtaining a 12-Lead EKG should not delay transport of an unstable cardiac patient.