

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.**

## A. Cardiac Event

### *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. Monitor cardiac rhythm and perform a 12-Lead ECG.

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

## B. Indications for a 12-Lead ECG

Patients meeting any of the below criteria require 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) Epigastric pain (unless evidence of G.I. bleeding) in all patients > 35 years of age. Epigastric pain is defined as pain above the umbilicus.
- c) Non-traumatic unexplained back pain, arm pain or jaw pain.
- d) Sudden onset of any abnormal breathing problems (PE, Bronchospasm, SPO2 < 94%).
- e) Any cardiac dysrhythmia.

- f) Heart rate greater than 120 BPM or heart rate less than 50 BPM. In children, heart rate > 220 BPM.
- g) Adult patient complaining of anxiety or when the primary impression is anxiety.
- h) Adult patient > 55 years of age complaining of general weakness/malaise or when the primary impression is malaise.
- i) Diaphoresis not explained by environment. May be associated with nausea and/or vomiting.
- j) Patient (including children) complaining of syncope or near syncope or when the primary impression is syncope or syncope and collapse.
- k) Overdoses, if directed by the Poison Control Center.
- l) Known or suspected carbon monoxide (CO) poisoning.
- m) Administration of Nitroglycerin.
- n) Administration of Zofran.

IF THERE IS EVIDENCE OF A STEMI, GO TO [PROTOCOL 11](#), SECTION A.

### C. Systolic B/P $\geq$ 90 mmHg

#### ALS

1. Administer **Nitroglycerin 0.4 mg** SL every 5 minutes, reassessing vitals prior to administration. Maximum of three (3) doses.

**NOTE: 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.

2. Administer **Fentanyl 50 mcg** slow IVP. May be repeated once (**50 mcg** slow IVP) in 3-5 minutes if systolic BP remains above 90 mmHg [Medication 16](#).

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



3. Administer **Zofran 4 mg** SL (Do not administer to pregnant females) [Medication 33](#).

#### **D. Systolic B/P $\leq$ 90 mmHg**

##### **ALS**

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 10 mcg/kg/min** and titrate to a systolic BP of 100 mmHg.