

TREATMENT PROTOCOL: CHEST PAIN */ ACUTE MI

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Cardiac monitor: document rhythm; attach ECG strip if dysrhythmia identified and refer to appropriate treatment protocol
5. Venous access, prn for non-cardiac origin
6. For non-cardiac chest pain or pediatric, use steps 1-4 only ④
7. Perform a 12-lead ECG if suspected cardiac origin ⑤
8. Do not delay necessary medical treatment in order to obtain an ECG on an unstable patient.

ADEQUATE PERFUSION	POOR PERFUSION
<p>9. Aspirin ① 162-325mg chewable tablets PO, if alert Administer regardless of whether patient is on anticoagulants or has taken aspirin prior to EMS arrival</p> <p>10. Nitroglycerin prn for pain ② 0.4mg SL May repeat in 3-5min two times Hold if SBP less than 100mmHg or patient has taken sexually enhancing medication within 48hrs May administer prior to venous access If hypotension develops, place patient supine and prepare to assist ventilation</p> <p>11. CONTINUE SFTP or BASE CONTACT</p> <p>12. If chest pain unrelieved by 3 doses of nitroglycerin: Fentanyl ② ③ ⑥ 50-100mcg slow IV/IM/IN Titrate to pain relief May repeat every 5min Maximum adult dose 200mcg Morphine ② ③ ⑥ 2-8mg slow IV push Titrate to pain relief May repeat every 5min Maximum adult dose 12mg</p>	<p>9. Aspirin ① 162-325mg chewable tablets PO, if alert Administer regardless of whether patient is on anticoagulants or has taken aspirin prior to EMS arrival</p> <p>10. ESTABLISH BASE CONTACT (ALL)</p> <p>11. Consider: Normal Saline 10mL/kg IV at 250ml increments Reassess after each 250mL for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops</p> <p>12. Push-dose Epinephrine Mix 1mL Epinephrine 0.1mg/mL (IV formulation) with 9mL Normal Saline in a 10mL syringe. Administer Push-dose Epinephrine 1mL IV/IO every 1-5 minutes, titrate to maintain a SBP >90mmHg</p> <p>13. Carefully consider: Fentanyl ② ③ ⑥ 50-100mcg slow IV/IM/IN Titrate to pain relief May repeat every 5min Maximum adult dose 200mcg Morphine ② ③ ⑥ 2-8mg slow IV push Titrate to pain relief May repeat every 5min Maximum adult dose 12mg</p>

SPECIAL CONSIDERATIONS

- ① Contraindications: active gastrointestinal bleeding or ulcer disease, hypersensitivity or allergy
- ② Use with caution: in elderly, if SBP less than 100mmHg, suspected inferior STEMI, sudden onset acute headache, suspected drug/alcohol intoxication, suspected active labor, nausea/vomiting, respiratory failure or worsening respiratory status

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- ③ Absolute contraindications: Altered LOC, respiratory rate less than 12 breaths/min, hypersensitivity or allergy
- ④ Establish base hospital contact for medication orders if patient with chest pain is 30yrs of age or younger
- ⑤ Contact the STEMI Receiving Center (SRC) if 12-lead ECG tracing has greater than 1mm ST-segment elevation in 2 of more contiguous leads and/or if computer analysis indicates ***Acute MI*** (STEMI) or the manufacturer's equivalent of STEMI, do not delay transport. Continue treatment enroute to the SRC. Paramedics shall transmit the 12-Lead ECG to the SRC and contact the receiving SRC to discuss the Cath Lab Activation Criteria with the ED physician. Base contact is required for notification and medical direction as needed. SFTP providers may contact base after the transfer of patient care if the receiving SRC is not the base hospital
- ⑥ Ondansetron 4mg IV, IM or ODT may be administered prior to fentanyl or morphine administration to reduce potential for nausea/vomiting