

## Acute Coronary Syndromes (Chest Pain)

### CRITERIA

1. Description of symptoms sounds suspiciously cardiac.
2. Pulse rate > 60 and < 140 per minute.
3. Systolic BP > 100 mmHg.
4. Watch for atypical presentation of signs and symptoms in post-menopausal women, diabetics, geriatrics, cocaine users.
5. Short door-to-drug time is a primary goal in treatment of chest pain.



**Medication administration must not delay patient transport.**

### PROTOCOL

- E I P** 1. Place patient in position of comfort.
- E I P** 2. Ensure adequate airway and oxygenation.
- E I P** 3. Obtain patient history for:
- \* Active internal bleeding
  - \* Prolonged CPR
  - \* Recent surgery
  - \* Prior CVA
  - \* Severe hypertension
  - \* Pregnancy
  - \* Cocaine usage within 24 hours
- I P** 4. Monitor cardiac status. Record 12-lead ECG if available prior to Nitroglycerin administration.
- E I P** 5. Administer **four (4) 81 mg baby aspirin** (chewed).



**Give aspirin even if patient is on daily aspirin regimen.**

- E I P** 6. Establish IV access.



Limit IV attempts in anticipation of subsequent anticoagulation therapy



**Do not administer Nitroglycerin (Nitrostat) if the patient has taken Viagra (Sildenafil), Revatio (Sildenafil) for Pulmonary Hypertention, Levitra (Vardenafil HCL) or a similar drug within the last 24 hours, Cialis (Tadalafil) within 48 hours.**

- [ E ] I P** 7. Administer one **Nitroglycerin (Nitrostat) 0.4 mg SL** if BP  $\geq$  100 mmHg.
- If blood pressure is stable (>100 mmHg) and no pain relief results, repeat NTG every 5 minutes up to a total of three doses.**
- [ I ] P** 8. **If blood pressure is stable (> 100 mmHg) and pain continues, consider *Morphine Sulfate in 2-5 mg* increments IV (over 1 minute), repeated every 3-5 minutes, titrated to pain relief (**maximum dose 10 mg**).**
- [ I ] P** 9. **For ST wave elevated MI (STEMI)** (must be present on 12-Lead ECG) administer **Metoprolol (Lopressor) 5 mg IV** over 2 minutes if pulse is > 60 and BP is over 120 systolic.