

**CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES**

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.13
Subject	Paramedic Treatment Protocols CORONARY ISCHEMIC CHEST DISCOMFORT	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS	
1. Assessment	ABCs
2. Secure Airway	Protect with position, basic airway maneuvers, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.
3. Oxygen	Low flow. Refer to EMS Policy #530.02.
4. Monitor	Treat rhythm if appropriate
5. Aspirin	Two tablets of 81 mg PO (chewable), one dose maximum, if patient's history is strongly suggestive of cardiac ischemia, even if pain resolves.
6. Nitroglycerin	0.4 mg SL (if systolic BP is greater than 100). Repeat every 3-5 minutes if chest pain continues, and systolic BP is greater than 100, <u>to a total of 3 doses</u> . Check BP before each dose.
7. IV Access	Saline lock or LR TKO – Standard Tubing
8. Amiodarone	150 mg IV push over 10 minutes, for frequent couplets or repeated non-sustained V-tach (3 or more PVCs in a row)
9. 12-Lead ECG	Refer to EMS Policy #530.02 and #547.
10. STAT Transport	
11. Nitropaste	1 inch on skin if systolic BP is greater than 100. If systolic BP drops below 100, wipe off. Nitropaste should be administered even if chest pain subsides after Nitroglycerin tablets.
12. Midazolam	4 mg slow IV push if ischemic chest discomfort is associated with sympathomimetic abuse (cocaine, crack, amphetamines, crank). May repeat once if needed.
13. Fentanyl	25-100 mcg increments IV push (if systolic BP is greater than 100) to relieve pain. May repeat every 5 minutes as needed to a total of 100 mcg if chest pain persists and systolic BP is greater than 100. Check BP prior to each dose.
NOTE: If unable to establish IV, administer IN.	

STANDING ORDERS - CONTINUED ON NEXT PAGE

Approved By	DANIEL J. LYNCH (Signature on File at EMS Agency)	Revision
EMS Division Manager		07/27/15
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STANDING ORDERS (CONTINUED)

14. Additional Nitroglycerin	Consider Nitroglycerin every 5 minutes, if BP greater than 100 in long transports if chest pain continues.
15. Additional Amiodarone	Consider Amiodarone 150mg IV push over 10 minutes for transports greater than 30 minutes.
16. Contact Hospital	Per EMS Policy #530.02.

SPECIAL CONSIDERATION AND PRIORITIES

1. Consider an aortic aneurysm if unequal pulses in extremities, tearing pain, pain radiating to back (hypertensive or hypotensive), transport immediately. Refer to shock protocol if in shock.
2. Oxygen, IV, and initial treatment of dysrhythmias (for frequent couplets or repeated non-sustained V-tach) should be started prior to transport. Consideration of Amiodarone for frequent PVCs or bigeminy requires Base Hospital contact.
3. Myocardial ischemia is a frequent cause of chest pain, but consider other life-threatening causes: pneumothorax (particularly in asthmatics, COPD, trauma); pulmonary embolus (women on birth control pills, or pregnant, or patients with immobilized lower extremities); dissecting aneurysm (atherosclerotic disease); or pericarditis.
4. Etiology of chest pain is frequently difficult to diagnose. If any doubt exists, assume the pain arises from a life-threatening condition.
5. Nitropaste is a vasodilator and should be placed on all patients with suspected ischemic chest pain even if pain resolves. Recurrent ischemia may be prevented with nitropaste; thus, routine use is indicated unless blood pressure is below 100 systolic.
6. Use Mnemonic - “OPQRST”:
 - “O” onset
 - “P” provocation
 - “Q” quality
 - “R” radiation
 - “S” severity
 - “T” time
7. In the event of an acute current of injury transport should be to a facility with interventional heart catheterization capabilities. The following is a list of readings from various cardiac monitors:
 - *** ACUTE MI *** (Zoll Monitor E Series)
 - ***STEMI*** (Zoll Monitor X Series)
 - ***ACUTE MI SUSPECTED*** (Physio-Control Monitor LifePak 12)
 - ***MEETS ST ELEVATION MI CRITERIA*** (Physio-Control Monitor LifePak 15)

Transport should be either to:

- Regional Medical Center
- Kaweah Health Medical Center
- Saint Agnes Medical Center;

whichever has the quickest transport time, if transport time is less than 60 minutes. If transport time is greater than 60 minutes then transport to the closest appropriate facility or consider helicopter rendezvous. Destination is determined by:

- a. Interpretation of 12-lead ECG; or
- b. Base Hospital consultation if required.

Refer to EMS Policy #547. Consider early call-in.