

# Southern Illinois Regional EMS System

## CC-1 INITIAL CARDIAC CARE/CHEST PAIN

### FR/BLS

#### Initial Cardiac Care:

- Patient Assessment and Initial Care protocol
- Administer oxygen at 2-6 LPM cannula or 10-15 LPM NRB.
- Carefully inquire into the patient's use of Viagra (Sildenafil Citrate), Cialis (Tadalafil) or Levitra (Vardenafil) within the last 24 hours.
- (BLS) **Aspirin 324 mg (4 x 81mg tabs)**, chewed and swallowed, unless contraindicated.
  - Withhold ASA if patient has taken 325mg in the last 4 hours.
  - If pt has taken 81mg ASA in last 4 hours, give 81mg ASA x3 to equal 324mg dose.
  - Contraindications to aspirin administration:
    - ASA allergy
    - Sudden severe headache
    - Possible hemorrhagic stroke or recent head trauma
    - Active GI bleeding
    - Active ulcer disease
    - Bleeding disorders
    - Children

#### Pain Management:

- Systolic BP >100 and symptomatic:
  - (BLS) Consider assisting the patient with **NTG 0.4mg SL**:
    - Nitroglycerin must be the patient's own prescription
    - Consider contraindications
      - Erectile dysfunction drug use in the last 24 hours
      - Hypotension
      - NTG allergy
      - Sudden severe headache
      - Possible hemorrhagic stroke or recent head trauma
  - Contact Medical Control
  - Consider ALS upgrade
  - Transport

### ILS/ALS

#### Initial Cardiac Care:

- Patient Assessment and Initial Care protocol
- Administer oxygen at 2-6 LPM cannula or 10-15 LPM NRB.
- Apply cardiac monitor
- Obtain 12 lead ECG (if applicable)
- Initiate IV of NS at 20cc/hr. (TKO)
- Carefully inquire into the patient's use of Viagra (Sildenafil Citrate), Cialis (Tadalafil) or Levitra (Vardenafil) within the last 24 hours.
- **Aspirin 324 mg (4 x 81mg tabs)**, chewed and swallowed, unless contraindicated.

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## CC-1 INITIAL CARDIAC CARE/CHEST PAIN (continued)

- Withhold ASA if patient has taken 325mg in the last 4 hours.
- If pt has taken 81mg ASA in last 4 hours, give 81mg ASA x3 to equal 324mg dose.
- Contraindications to aspirin administration:
  - ASA allergy
  - Sudden severe headache
  - Possible hemorrhagic stroke or recent head trauma
  - Active GI bleeding
  - Active ulcer disease
  - Bleeding disorders
  - Children

### Pain Management:

- Systolic BP >100 and symptomatic:
  - **NTG 0.4mg SL:**
    - Initial NTG may be given prior to IV start.
    - May repeat NTG in 5 minutes if Systolic BP > 100 and IV established.
- Systolic BP > 100 and pain unrelieved by NTG x 3:
  - **Morphine Sulfate 2-10mg** IVP in 2 mg increments every 5 minutes as needed
  - Not to exceed 10mg.
- WITHHOLD pain management medications if the patient presents with
  - ST segment elevation in the inferior leads (II, III, aVF)
  - Signs of right ventricular involvement
    - ST segment elevation in:
      - Right sided 12 lead ECG
      - 15 lead ECG method or single V4R tracing

### Severe Nausea or Vomiting Associated with Chest Pain or from Medication:

- **Ondansetron 4mg** IVP or **Phenergan 12.5mg** IM may be given one time if transport time is greater than 15 minutes.
  - Shorter transport times require on-line Medical Control orders.

### Unstable: Altered Mental Status or Signs of Hypoperfusion

- Consider other etiologies
- If pulse < 60, treat per Bradycardia protocol.
- If Pulse > 60, treat per Cardiogenic Shock protocol.
- Treat dysrhythmias per appropriate protocol.

### Transport:

- Monitor ECG and vital signs.
- Contact Medical Control and transport ASAP. Do NOT delay transport to start IV.
- Consider serial 12 lead ECGs if patient condition and transport times allow (if applicable).

### Note:

- Baseline vital signs must be obtained before medication administration.
- Observe for hypotension and respiratory depression.