



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Protocol No. C6
Reviewed 04/01/2010

Emergency Medical Services Program

Approved

Medical Director

Subject: CARDIAC CHEST PAIN / ANGINAL EQUIVALENT SYMPTOMS

I. BLS Treatment Protocol:

- A. Treat life threats (See Policy 4000)
- B. Prepare for transport / transfer of care.

II. ALS Treatment Protocol:

- A. Treat life threats (See Policy 4000)
- B. Consider 12-lead-ECG. Transmit as needed for treatment and transport destination guidance. (See Policy 1600).
- C. NTG * 0.4 mg sublingual every 2 minutes. Hold if hypotensive.
- D. Apply 1 inch nitro paste. Hold if hypotensive.
- E. If chest pain / anginal equivalent symptoms cannot be ruled out as cardiac in origin, and the patient is not allergic to aspirin, give chewable aspirin 162mg.
- F. To relieve pain/other symptoms persisting after NTG, Morphine Sulfate ** may be administered in 2-5mg increments slow IVP/IO. May repeat every 5 min up to 5mg total.
- G. Transport.
- H. If symptomatic hypotension, consider positioning, 250cc fluid bolus.
- I. Contact Base Station.
- J. If persistent hypotension, consider Dopamine 5-10 mcg/kg/min. Start at 5-10 mcg/kg/min. Titrate for effect to a maximum of 20 mcg/kg/min. (See drug list for dosage chart).

Notes:

* Do **NOT** administer NTG if the patient has taken an erectile dysfunction agent within the past 24 hours (i.e., Cialis, Lavetra, Viagra, Revatio, Tadalafil, etc)

** Hold Morphine Sulfate if patient has or develops respiratory depression, bradycardia or hypotension. Narcan should be immediately available to reverse adverse effects.