



## Protocol 700-C6: Suspected Cardiac Ischemia

Revision 4/23/19  
Effective 8/1/18

### BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Treatment and Medications (see Table 1)
- ❖ Prepare for transport / transfer of care

Table 1: BLS Treatment and Medications

<b>Aspirin</b> Hold if Allergic	❖ 324 mg PO	❖ 324 mg PO	❖ 324 mg PO
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### ALS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
  - 12-lead-ECG for high risk patients (see Procedure 706 *12 Lead ECG*)
    - If interpretation results reveal \*\*\*ACUTE MI/SUSPECTED\*\*\* or manufacturer equivalent, expedite transport to STEMI Receiving Center. (see Procedure 714 STEMI Identification, Transmission and Destination)
    - Transmit EKG for treatment and transport destination guidance. (see Policy 714 *STEMI Identification, Transmission and Hospital Destination*)
- ❖ Treatment and Medications (see Table 2)
- ❖ Transport/ Contact Base Station

Table 2: ALS Treatment and Medications

	SBP > 100mmHg	SBP < 100mmHg	SBP < 90 mmHg
<b>Nitroglycerin</b>	❖ 0.4 mg SL q2 min ❖ Apply 1" paste	❖ Hold	❖ Hold
<b>Morphine</b>	❖ 2-5mg slow IVP/IO or 10 mg IM prn pain ❖ Repeat q5min prn, 5mg max IV, 10 mg max IM	❖ Hold	❖ Hold
<b>Normal saline</b>	❖ Hold	❖ 250ml bolus ❖ Shock Position	❖ 250ml bolus ❖ Shock Position
<b>Push-dose Epi</b>	❖ Hold	❖ Hold	❖ Start at 0.5ml (5 mcg). ❖ Titrate for SBP > 90 ❖ Give every 3-5 minutes



## Special Considerations

- ❖ **Warning:** Hold NTG if the patient has taken an erectile dysfunction agent within the past 24 hours (i.e., Cialis, Levitra, Viagra, Relation, Tadalafil, etc.)
- ❖ **Warning:** Patients with right ventricular infarctions are preload sensitive due to poor contractility. These patients can develop severe hypotension in response to nitrates. Some inferior wall STEMIs (ST elevation in II, III, aVF) will be right sided MIs. Treat with fluid loading. NTG is contraindicated.
- ❖ Hold **Morphine Sulfate** if patient has or develops respiratory depression, bradycardia or hypotension. **Narcan** should be immediately available to reverse adverse effects. (See Protocol 700-M1, *Overdose and Poisoning*)

## Documentation

- ❖ Chest Pain is a Core Measures Indicator (See Policy 101 Quality Improvement and System Evaluation and Policy 502 Santa Cruz County Patient Care Record (PCR) and Transfer of Care Document)
- ❖ Required minimum documentation elements on the PCR
  - Primary or Secondary Impression (esituation.11 or esituation.12) = "Chest Pain - Suspected Cardiac" or "Chest Pain - STEMI"
    - 12 lead obtained (y/n)
    - 12 lead transmitted (y/n)
    - 12 lead interpretation
    - STEMI Alert (y/n)
    - ASA given (y/n)
    - NTG given (y/n)
    - Morphine** given (y/n)
    - Destination Hospital
    - Mode of transport
    - All pertinent response times