

Chest Pain: Cardiac and STEMI

History

- Age
- Medications
- **Viagra, Levitra, Cialis**
- **SAMPLE** history (Specify previous cardiac/pulmonary history, Diabetes, post menopausal)
- Allergies (Aspirin, Morphine, Lidocaine)
- Recent physical exertion
- Palliation / Provocation
- Quality (crampy, constant, sharp, dull, etc.)
- Region / Radiation / Referred
- Severity (1-10)
- Time (onset /duration / repetition)

Signs and Symptoms

- CP (pain, pressure, aching, vice-like tightness)
- Location (substernal, epigastric, arm, jaw, neck, shoulder)
- Radiation of pain
- Pale, diaphoresis
- Shortness of breath
- Nausea, vomiting, dizziness
- Anxiety
- JVD
- Peripheral Edema
- **Time of Onset**




Differential

- Trauma vs. Medical
- Angina vs. Myocardial infarction
- Pericarditis
- Pulmonary embolism
- Asthma / COPD
- Pneumothorax
- Aortic dissection or aneurysm
- GE reflux or Hiatal hernia
- Esophageal spasm
- Chest wall injury or pain
- Pleural pain
- Overdose (Cocaine) or Methamphetamine

 **Universal Patient Care Protocol**
 **Routine Standard of Care**

→ Labs Consistent with NSTEMI →

Transport based on Facility Request. Keep Facility Time to < 20 Minutes

 12 Lead ECG
 Aspirin PO (324mg)
 IV Protocol
O2 PRN, SpO2 >94 %
Sublingual Nitroglycerine (0.4mg) X 3 if SBP >100
Morphine 2-10 MG IV/IO over q 10 min is SBP >100 MAX DOSE 20 mg
***NTG gtt at 10 mcg/min. titrate by 10 mcg/min q 5 min for SBP of >100 **MAX DOSE 200 mcg/min**
Nausea / Vomiting Protocol
Hypotension Protocol Dysrhythmia Protocols

→ Positive for Acute STEMI →

**Transport based on STEMI Plan with Early Notification
Keep Scene Time to < 10 Minutes / Facility Time to < 20 Minutes**

Consider Pain, Comfort, and N/V Protocol PRN

PRN Fluid Bolus

 **Consider 2nd IV**

Maintain Infusions Initiated by the Sending Facility (Nitroglycerine, Heparin, Etc.)

Medical Protocols

- Recommended Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro
- Avoid Nitroglycerin in any patient who has used Viagra or Levitra in the past 24 hours or Cialis in the past 36 hours due to potential severe hypotension.
- Patients with STEMI (ST-Elevation Myocardial Infarction) or positive Reperfusion Checklist should be transported to the appropriate destination based on the Survival Flight Inc STEMI Plan
- If pt is allergic to MS04, or SBP <100 after fluid bolus, may administer FENTANYL 0.5- 2 mcg/kg IV/IO. Repeat q 10 min PRN (MAX DOSE 300 mcg)
- Monitor for hypotension after administration of nitroglycerin and narcotic analgesics.
- Nitroglycerin infusion may be titrated for pain control or a systolic Blood Pressure falling below 100 mmHg.
- Lopressor is CONTRAINDICATED for : Severe CHF, LV Failure, PE, HR<60, SBP <100, Bronchospasm, 2nd/3rd AVB
- Use Caution: Lopressor for AMI :RVI, HR<80, CHF, Asthma, Renal Failure, COPD