

EMR
PCP
ACP

Oxygen therapy - only indicated to maintain SpO₂ greater than 94%
acetylsalicylic acid (ASA) 160 mg PO chewed**

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Rapidly obtain a **12-Lead ECG *** (15 Lead if indicated)
 Monitor ECG, consider attaching defibrillation pads
 Establish vascular access

***12 - Lead / 15 - Lead ECG**

- Inferior wall ECG's changes (II, III, aVF) require a 15 - Lead ECG
- Repeat ECG's indicated with changes in clinical symptoms and condition (new onset chest pain)
- Communicate changes with relevant Physician

Dysrhythmia?

Yes

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Treat concurrently with appropriate adult dysrhythmia protocol

No

Suspected STEMI

Yes

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Treat concurrently with adult STEMI protocol

No

Systolic B/P less than 90mmHg

Yes

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Treat concurrently with adult shock protocol

No

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For treatment of cardiac origin chest pain, consider:
nitroglycerin* 0.4 mg SL (1 spray) q 5 minutes prn** if SBP >100mmHg and heart rate is >60 and <110.
 If after administration of nitroglycerin the SBP drops by 20% or greater then discontinue administration.

Obtain a serial 12-Lead ECG q 15 minutes

Treatment/Transport time of >30 minutes

No

Yes

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For treatment of cardiac origin chest pain, consider:
nitroglycerin* patch 0.8 mg/hour prn**
 Place patch on the upper left chest in an easily visible area, write date and time applied on patch. Notify receiving hospital staff of patch

Transport with early pre-notification

Continue treatment until transfer of care completed

****Patient Safety Considerations**

- Anaphylaxis is the only contraindication for ASA administration
- ASA must be administered even when the patient:
 - States that they have already taken their prescribed daily dose
 - States that they have taken ASA on the advice of the post-dispatch instructions
 - Is currently taking blood thinners (e.g. Plavix / Clopidogrel, Warfarin)

*****Patient Safety Considerations**

- Systolic B/P must remain greater than 100mmHg to administer all forms of Nitroglycerin
- Consult a Physician for orders to administer Nitroglycerin to a patient with any of the following:
 - Inferior STEMI with RV extension (Leads II, III, aVF, V4r)
 - use of a Phosphodiesterase Inhibitor with the last 24 hours (Viagra, Cialis, Levitra)