



Treatment Protocol

4402

Effective April 1, 2018	Expires March 31, 2019
Approval: Medical Director Reza Vaezazizi, MD	Signed
Approval: REMSA Director Bruce Barton	Signed

Policy:
Suspected Acute Coronary Syndrome (ACS)

Applies To:
PSP, EMT, AEMT, PM, MICN, BHP, EMS System

Enter from the Universal Patient Treatment Protocol
For specific Emergency Stabilization or Patient Management of Suspected Acute Coronary Syndrome (ACS)

P	E	A	P
S	M	E	M
P	T	M	M

Pertinent Findings

Environment <i>Exercise</i> <i>Nitroglycerin</i>	History <i>Coronary artery disease</i> <i>Prescribed Nitroglycerin</i> <i>Family history of coronary artery disease</i> <i>OPQRST</i> <i>Use of phosphodiesterase type 5 (PDE5) inhibitors during last 48 hours (such as Cialis, Levitra, Viagra, or certain supplements which are used to treat erectile dysfunction)</i>	Physical <i>Anxiety, dyspnea</i> <i>Pallor, diaphoresis</i> <i>Chest pain</i> <i>Dizziness</i> <i>Tachycardia or bradycardia</i> <i>Arrhythmia</i> <i>Nausea and vomiting</i> <i>Abdominal pain</i>	Differential Diagnosis <i>Angina or infarction</i> <i>Pericarditis</i> <i>Pulmonary embolism</i> <i>Pneumothorax</i> <i>Costochondritis</i> <i>Aortic aneurysm or dissection</i> <i>Gastroesophageal reflux</i> <i>Hiatal hernia</i> <i>Trauma</i>
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Emergency Stabilization or Patient Management

Assist patient with the administration of physician prescribed medication Retrieve patient's prescribed Nitroglycerin or other clinically indicated medication Monitor and record patient's self administration as prescribed		E	A	P
Aspirin PO chewed For suspected acute coronary syndrome See the REMSA Calculation Chart for concentration, and patient specific dosage and volume <u>Repetition requires a base hospital order (BHO)</u> <u>Pediatric administration is not indicated</u>				
Nitroglycerin SL spray or tablet For suspected acute coronary syndrome while systolic BP remains greater than 90 mmHg See the REMSA Calculation Chart for concentration, and patient specific dosage and volume May repeat twice at 3 to 5 minute intervals <u>Further repetition requires a base hospital order (BHO)</u> <u>Administration following the patient's use of a PDE5 inhibitor requires a base hospital physician order (BHPO)</u> <u>Administration of nitrates in presence of inferior STEMI requires base hospital physician order (BHPO)</u> <u>Pediatric administration is not indicated</u>			A	P

B

B

Emergency Stabilization or Patient Management (continued)

Nitroglycerin Paste 2% transdermal

For suspected acute coronary syndrome while systolic BP remains greater than 90 mmHg

Remove and wipe away if systolic BP falls below 90 mmHg

See the REMSA Calculation Chart for concentration, and patient specific dosage and volume

Repetition requires a base hospital order (BHO)

Administration following the patient's use of a PDE5 inhibitor requires a base hospital physician order (BHPO)

Administration of nitrates in presence of Inferior STEMI requires base hospital physician order (BHPO)

Pediatric administration is not indicated

Morphine Sulfate slow IV/IO push or IM

(may substitute Fentanyl slow IV/IO push or IM/IN)

For suspected ACS with persistent chest discomfort unresponsive to Nitroglycerin

While systolic BP remains greater than 90 mmHg

See the REMSA Calculation Chart for concentration, and patient specific dosage and volume

May repeat once

Further repetition requires a base hospital order (BHO)

Administration of more than one opioid requires a base hospital physician order (BHPO)

Pediatric administration is not indicated

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M

Patient Disposition

Transport patients with unmanageable airways to the closest Prehospital Receiving Center. Patients with ROSC following OHCA with known or suspected cardiac etiology should be transported to the closest SRC. Unless closed due to internal disaster per the REMSA Policy for Ambulance Diversion.

STEMI Triage and Destination

1. Suspect STEMI if any one of the following is true:

- a. The 12-Lead ECG shows 1 mm or greater ST-segment elevation in two or more contiguous leads with reciprocal depression
- b. The paramedic interprets the 12-Lead ECG as STEMI
- c. The ECG machine reads: ****Acute MI**** or **** Acute MI Suspected**** or the equivalent

2. Contact a STEMI Base Hospital (BH) if any one of the following is true:

- a. The paramedic has questions or concerns about the 12-Lead ECG
- b. BH orders are clinically indicated for patient management

3. Transmit the 12-Lead ECG to the STEMI BH if any one of the following is true:

- a. A STEMI is suspected
- b. The paramedic has questions or concerns about the ECG
- c. The STEMI BH requests transmission

4. Transport to a STEMI Receiving Center (SRC) if any one of the following is true:

- a. Estimated transport time is 45 minutes or less and any one of the following is true:
 - i. The 12-Lead ECG interpretation is STEMI
 - ii. The STEMI BH orders transport to a SRC
- b. Estimated transport time is greater than 30 minutes and a STEMI BH physician authorizes transport

Consider these factors when making the destination decision:

*Malignant dysrhythmias, contraindications to thrombolytics, the duration of symptoms, and shock
The STEMI BH will notify the SRC as soon as possible to allow for the timely activation of the cath lab team*

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C

Return to Universal Patient Treatment Protocol
For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management

P S P	E M T	A E M T	P M
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***** ***** **Base Hospital Orders** ***** *****

Initiate, repeat, or modify standing orders within scope of practice
 As ordered

Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination
 As ordered

Mode of transport is an operational decision

	E M T	A E M T	P M
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