

SUSPECTED CARDIAC CHEST DISCOMFORT (A07)

Chest discomfort due to a heart attack or another heart problem may feel like: Pressure, fullness, burning or tightness in the chest. Crushing or searing pain that spreads to the back, neck, jaw, shoulders, and one or both arms. Consider any chest discomfort without clear traumatic cause.

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
OXYGEN: If pulse oximetry < 94% or signs of respiratory distress, or hypoperfusion.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
ASPIRIN: 324 mg PO. Aspirin is to be administered even if chest pain has resolved, unless otherwise contraindicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
**12 LEAD ECG				X	
*NITROGLYCERIN: 0.4 mg sublingual to relieve pain. May repeat every 5 minutes with a maximum of 3 doses in 20 minutes. Hold for SBP < 100.				X	
PAIN MANAGEMENT: choose morphine OR fentanyl from PAIN MANAGEMENT A91.				X	
CAPNOGRAPHY: apply and monitor if narcotics administered.				X	
LIDOCAINE: 1.5 mg/kg IV/IO push for the treatment of escalating ventricular ectopy. Repeat in 5 minutes at 0.75 mg/kg if ectopy returns.				X	

**** If 12 Lead EKG interprets an S-T Elevation MI (STEMI), refer to Policy 531.20 for patient destination.**

***Nitroglycerin shall not be given to pts who have taken PDE-5 inhibitors (sildenafil, Cialis, Viagra or similar) within the last 48 hours; instead, start with morphine or fentanyl.**

EFFECTIVE: November 1, 2023
Provider Key: F = First Responder/EMR
P = Paramedic

E = EMT O = EMT Local Optional SOP
D = Base Hospital Physician Order Required