

EL DORADO COUNTY EMS AGENCY

PREHOSPITAL PROTOCOLS

Effective: July 1, 2015

Reviewed: July, 2021

Revised: May 2022

Scope: BLS/ALS Adult

please see signature on file

EMS Agency Medical Director

CHEST PAIN/ACUTE CORONARY SYNDROME (ACS)

PROTOCOL PROCEDURE: Possible thrombolytic/STEMI candidates should be identified and transported immediately with treatment performed en route. Not all AMI/ACS patients present with chest pain; other signs or symptoms (such as: feelings of impending doom, diaphoresis, palpitations, nausea, dyspnea, pain in back, arm, neck or jaw) may indicate an ACS/AMI. Contact the Base Hospital for all STEMI patients and for orders in all suspected AMI/ACS cases not presenting with chest discomfort, pain, or pressure. Consider air transport for STEMI patients in remote areas or for long ground transport times. **12 lead EKGs cannot solely diagnose AMI. Treat all potential cardiac symptoms as such, regardless of 12 lead findings.**

Basic Life Support

EMT

ROUTINE MEDICAL CARE –

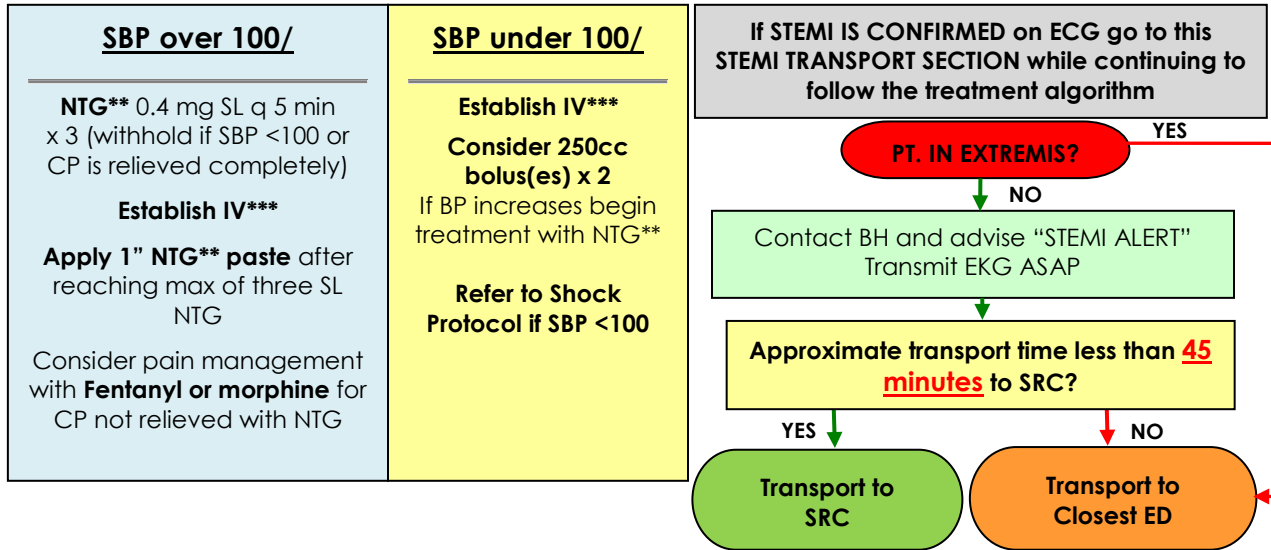
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress
- Keep patient in position of comfort and don't allow patient to walk.

ASPIRIN* – Give 324 MG PO.

MEDICATION ASSISTANCE - BLS personnel may assist patient with own medications (i.e. NTG), see **Field Policy: BLS Medication Administration.**

Advanced Life Support

Paramedic



NOTES:

*ASA should be given even if the patient's symptoms have subsided. If the patient has self-administered prior to your arrival, document dose taken and give ASA to complete total 324 or 325 mg as needed.

**If patient has taken any erectile dysfunction medication in the last 48 hours do not give NTG or apply NTG paste. Go directly to Fentanyl or morphine if SBP is >100 in this situation.

**NTG paste should be applied after reaching maximum dose of SL NTG and should only be removed if SBP <100.

*** Consider second IV and/or Twin Cath with saline lock for suspected STEMI/thrombolytic candidates.