



# Suspected Acute Coronary Syndrome

FIELD TREATMENT GUIDELINE C-09

<b>INDICATION</b>	<p>Retrosternal chest discomfort, heaviness, squeezing, burning or tightness; pain radiating or isolated to jaw, shoulders or back; nausea; diaphoresis; dizziness; dyspnea; anxiety; or back pain. Patient may have a history of coronary artery disease (CAD).</p>
<b>BLS</b>	<ul style="list-style-type: none"> <li>• Follow <a href="#">General Medical Care M-01</a>.</li> <li>• <a href="#">12-Lead ECG BP-03</a>.             <ul style="list-style-type: none"> <li>• If acute ST elevation myocardial infarction (STEMI) detected on 12-Lead ECG, e.g., <b>***MEETS ST ELEVATION MI CRITERIA***</b>:                 <ul style="list-style-type: none"> <li>▪ Transmit 12-Lead ECG with direct transport to the closest authorized STEMI receiving center.</li> <li>▪ Perform “STEMI ALERT” to the appropriate receiving facility consistent with <a href="#">Administrative Policy 501, Patient Destination</a>.</li> </ul> </li> </ul> </li> <li>• <a href="#">Aspirin</a>: <i>Adult</i>: 162 mg PO. Have patient chew if possible. Do not use enteric coated tablets.</li> </ul>
<b>ALS</b>	<ul style="list-style-type: none"> <li>• <a href="#">Nitroglycerine</a>: Sublingual <i>Adult</i>: 0.4 mg SL. Repeat every 3-5 min if discomfort persists and systolic blood pressure remains ≥ 100 mmHg.</li> <li>• <a href="#">Nitroglycerine</a>: 2% Paste <i>Adult</i>: If transport time is &gt; 1 hour, administer ½ inch of 2% paste to anterior chest wall. If discomfort is relieved and systolic blood pressure remains ≥ 100 mmHg, continue the use of paste.</li> <li>• <a href="#">Fentanyl</a>: Administer according to <a href="#">Pain Management AP-13</a>.</li> </ul>
<b>KEY CONCEPTS</b>	<ul style="list-style-type: none"> <li>• If STEMI detected, do not delay transport for IV placement or repeat 12-Leads. Prioritize administration of Aspirin and immediate transport, keeping on scene time to a minimum.</li> <li>• If STEMI detected, after the first IV is established, a second should be attempted enroute only when resources are available.</li> <li>• Many STEMIs evolve during prehospital care and may not be noted on the initial 12-Lead.</li> <li>• If no STEMI detected in ECG interpretation and providers have additional concerns about the patient, consider base hospital consultation with transmission of the 12-Lead ECG.</li> <li>• Do not administer nitroglycerine to patients without an established IV or if they have recently taken erectile dysfunction drugs: Viagra, Staxyn, Levitra or Stendra with 24 hours or Cialis within 36 hours.</li> <li>• Patients who take other blood thinners (Lovenox, Coumadin [warfarin], Pradaxa [dabigatran], etc.) SHOULD still receive aspirin.</li> <li>• Consider an aortic dissection/aneurysm if unequal pulses in extremities, tearing pain, pain radiating to back (hypertensive or hypotensive), transport immediately.</li> </ul>