

CARDIAC EMERGENCIES

Chest Pain/Suspected Acute Coronary Syndrome C10

CHEST PAIN OR SUSPECTED ACUTE CORONARY SYNDROME

Substernal pain, discomfort or tightness with radiation to jaw, left shoulder or arm, nausea, diaphoresis, dyspnea, anxiety. Diabetic, female or elderly patients frequently present atypically.

1. Ensure a patent airway
 - **OXYGEN** - low flow
2. Reassure patient and place in position of comfort
3. Restrict patient movement - loosen tight clothing
4. Allow patient to take their own **Nitroglycerin**, if systolic BP is greater than 90 mmHg and patient has not taken Viagra, Levitra or similar drugs within the previous 24 hours or Cialis within the previous 36 hours.
5. Cardiac monitor - 12 lead ECG
6. **IV ACCESS TKO**

ASPIRIN 325mg (or four 81mg tablets) PO to be chewed by patient. **DO NOT** administer if patient has allergies to aspirin or salicylates, or has apparent active gastrointestinal bleeding

NITROGLYCERIN 0.4 mg (gr. 1/150) SL if systolic BP greater than 90 and patient has not taken Viagra, Levitra or similar drugs within the previous 24 hours or Cialis within the previous 36 hours - may repeat every 5 minutes until maximum of 6 doses administered, or pain subsides or BP less than 90 systolic

MORPHINE SULFATE 2-4 mg increments slow IV push - maximum 20 mg should be considered if pain not relieved by first three (3) doses of nitroglycerin. Consider earlier administration to patients in severe distress from pain. Titrate to pain relief, systolic BP greater than 90 and adequate respiratory effort. **CONTINUE ADMINISTRATION OF NITROGLYCERIN TO MAX SIX (6) DOSES.**

7. Consider:
 - **Fluid bolus** 250 ml if BP less than 90, unresponsive to positioning. Do not administer with rales, ronchi or suspected pulmonary edema. Reassess and consider repeating once.
 - Repeat ECG if patient's symptoms or vital signs change markedly.
8. **Contact Base Hospital if pain is not resolved or if further treatment considered**