



San Benito County Emergency Medical Services Agency

CARDIAC CHEST PAIN/ANGINAL EQUIVALENT PROCEDURES

Protocol: C6

Effective: October 1, 2015

Reviewed: May 1, 2015

I. BLS Treatment Protocol:

- A. Treat life threats (See Policy 4000)
- B. Prepare for transport/transfer of care.

II. ALS Treatment Protocol:

- A. Treat life threats (See Policy 4000)
- B. Obtain 12 Lead ECG.
 - 1. Transmit as needed for destination guidance. (See Policy 1600)
- C. Nitroglycerine (see note below)
 - 1. NTG * 0.4 mg sublingual every 2 minutes or,
 - 2. Apply 1 inch nitro paste
 - 3. Hold if hypotensive and use with caution if evidence of right sided MI on ECG
- D. If chest pain/anginal equivalent symptoms cannot be ruled out as cardiac in origin, and the patient is not allergic to aspirin, give chewable aspirin 162mg.
- E. To relieve pain/other symptoms persisting after NTG, Morphine Sulfate (see note below) may be administered in 2-5mg increments slow IVP/IO. May repeat every 5 min up to 5mg total.
- F. Transport.
- G. If symptomatic hypotension, consider positioning and administering 250cc fluid bolus.
- H. If persistent hypotension, consider Dopamine 5-10 mcg/kg/min. Start at 5-10 mcg/kg/min. Titrate for effect to a maximum of 20 mcg/kg/min. (See drug list for dosage chart).
- I. Contact Base Station only if additional guidance is needed.

III. Notes:

- A. Do NOT administer NTG if the patient has taken an erectile dysfunction agent within the past 24 hours (i.e., Cialis (tadalafil), Levitra, Viagra, Revatio, etc)
- B. Hold Morphine Sulfate if patient has or develops respiratory depression, bradycardia or hypotension.