CHEST DISCOMFORT SUSPECTED ANGINA/AMI

1. Establish IV/IO access.
2. Apply cardiac monitor. Apply 12-Lead EKG, if available.
3. Administer **O_2**.
4. Administer 160-325 mg of **aspirin** PO (2-4 chewable baby aspirin).
5. Administer 0.4 mg of **nitroglycerin** SL if BP > 100.
6. Repeat step 5 q 5 minutes x2 if BP > 100 and discomfort persists.
7. If severe pain is present, consider administering **fentanyl** at 0.5-1 mcg/kg q 10 minutes IV/IO/IM, up to a total dose of 3 mcg/kg as long as BP >100.
8. If systolic BP < 90, assess volume status. If lungs clear and/or 12 lead EKG indicates inferior wall AMI, consider trial infusion of 0.9 NS. If rales present and/or 12 lead EKG indicates anterior wall AMI, consider **dopamine** infusion.
9. If the patient has an AMI on the prehospital 12 lead, report to the receiving hospital with the following information as soon as possible (use land line if more readily available than the HEAR system). Do not wait until routine patch.
   - ✓ State that you have a Cardiac Level 1 transport
   - ✓ Patient name, if contact is through a secure cell or ground line
   - ✓ Age and gender
   - ✓ Findings on prehospital 12 lead EKG. Clearly communicate if EKG, by your interpretation and the computer program, shows AMI. Report the presence of any of the following potential mimickers:
     - ➔ LVH
     - ➔ BBB
     - ➔ Pacemaker
     - ➔ Pericarditis
     - ➔ Early repolarization

- ✓ Name of cardiologist or, if none, primary care physician
- ✓ Clinical presentation, brief and to the point
- ✓ Vital signs
- ✓ Prehospital treatment

10. Update the hospital and alert them, pending arrival, using the HEAR system. The following terminology should be used to describe the category of the ACS patient:

    A. Cardia-STEMI

    B. Cardiac-High Risk

    C. Cardiac Post Arrest