

PURPOSE: To provide a process for the assessment and management of suspected acute coronary syndromes. This protocol may be used in conjunction with other dysrhythmia protocols.

M B S P**I. Assessment Information**

- Onset (sudden or gradual - includes events leading up to current condition)
- Provocation (what makes it better or worse)
- Quality (dull, sharp, crushing, tearing, pressure etc.)
- Radiation (describe areas i.e. shoulder, neck, jaw, back)
- Severity (use the 0 to 10 scale)
- Time (time of onset is very important)

II. General Management

A. **Evaluate and maintain airway, provide oxygen and support ventilations as needed.**

B. **Evaluate circulation:**

1. Pulse and blood pressure
2. Determine skin color, temp and moisture.
3. Evaluate heart and lungs for:
 - a) Dysrhythmias
 - b) Rales in lungs consistent with CHF
4. Assess for JVD

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C. **Monitor EKG.** If available, **obtain a 12 lead ECG**

1. **Transmit or relay 12 lead ECG findings to local Medical Control if suggestive of AMI.**
2. **If unable to transmit, call interpretation to local Medical Control if suggestive of AMI.**
3. If 12 lead indicates **ACUTE MYOCARDIAL INFARCTION SUSPECTED**, Medical Control may opt to transport to the nearest PCI hospital.
4. Repeat 12 lead ECG with any changes in symptoms

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D. **Obtain vascular access**

P**III. Specific Management of Acute Coronary Syndromes**

A. Administer **ASA 324 mg PO** (4 x 81mg tablets) to be chewed and swallowed

B. Administer **Nitroglycerine SL 0.4 mg** (1/150 gr.)

1. May repeat NTG every three to five minutes, until **symptoms are totally relieved**, or to a total of 6 doses.
2. Do not administer if patient is, or becomes, hypotensive (Systolic BP <90mmHg), has taken erectile dysfunction medications within the previous 48 hours, or in pediatric patients.
3. Nitroglycerin may be administered prior to establishing vascular access if the patient has a systolic BP \geq 140. Vascular access attempts should continue during nitroglycerin administration.

C. For symptoms which are not relieved after the third NTG, **administer Morphine** 2mg increments, titrating to patient's BP (min of 90 systolic) and pain level, max of 10 mg.

D. IF COMPLICATIONS ARE PRESENT in the patient with ACS:

1. With bradycardia - Go to Bradycardia Protocol
2. With ventricular tachycardia - Go to V-Tach Protocol.
3. For **symptoms** associated with inadequate perfusion, go to Cardiogenic Shock Protocol.

- 4. For symptoms of CHF
 - a. Ensure adequate oxygenation and ventilation
 - b. Go to Respiratory Distress Protocol
- 5. If patient is hypotensive, administer 300ml fluid bolus with repeat as needed, titrating to signs of adequate perfusion.

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- E. Immediate transport
- F. Contact Medical Control

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- IV. Possible orders post-radio contact:**
 - A. Additional Nitroglycerine 0.4 mg (1/150 gr) SL
 - B. Additional Morphine

4/1/02
11/2004
2-1-2007