SYMPTOMS: Chest pain; discomfort of suspected cardiac origin.

Patient Presentation

1. All patients with chest pain should be treated as having a heart attack.
2. Patient may present with chest pain or discomfort in other areas of the body (e.g. arm, jaw, epigastrium) of suspected cardiac origin; shortness of breath; sweating; nausea; vomiting; and dizziness. Atypical or unusual symptoms are more common in women, the elderly and diabetic patients. May also present with CHF, syncope and/or shock.
3. **ACS or Acute Coronary Syndrome may present with a normal ECG**.
4. Some patients will present with likely non-cardiac chest pain and otherwise have a low likelihood of ACS (e.g. blunt trauma to the chest of a child). For these patients defer the administration of aspirin and nitrates per the Pain Management guideline (M-11).

Treatments for patients with ACS and STEMI (ST-Elevation Myocardial Infarction) are time sensitive. Treat all patients presenting with chest pain of suspected cardiac origin with speed and efficiency while minimizing delays in transport.

Patient Management
Assessment, Treatment, and Interventions

ALL LEVELS

1. Ensure patent airway.
2. Be calm and reassuring.
3. Evaluate for signs and symptoms that include chest pain, congestive heart failure, syncope, shock, symptoms similar to patient's previous MI.
4. Treat for shock as needed.
5. Document patient's pulse rate and rhythm.
6. Assist patient to position of comfort.

EMR-O / EMT-R

7. Administer oxygen if the patient is dyspneic, hypoxemic, or has obvious signs of heart failure with the target of achieving 94 to 98% saturation.
8. Administer aspirin – 324 mg by mouth.
9. Monitor vital signs; repeat secondary survey.
10. Consider ALS intercept.
11. Notify receiving hospital of possible cardiac patient while enroute. Destination decision should be based on local resources and system of care.

EMT-O

12. Assist patient with prescribed nitroglycerin (NTG) – unless patient has taken medication for erectile dysfunction (ED) in the past 48 hours.
    a. Give 0.4mg (gr. 1/150) NTG tablet or one metered dose NTG spray sublingually if patient systolic BP greater than 100.
    b. May repeat tablet or spray sublingually every 5 minutes if pain persists and patient is not hypotensive.
13. Acquire a 12-lead ECG reading and relay/transmit results.

AEMT-R

14. Establish IV access.

15. Administer nitroglycerin unless patient has taken medication for erectile dysfunction (ED).

INT-R

16. Acquire/interpret ECG; treat tachycardia, bradycardia or pulseless rhythms.

INT-O; PARA-O

17. Analgesia may be indicated [Fentanyl 0.5–1mcg/kg IV/IM/IN (maximum initial dose of 100mcg)] if pain unrelieved by nitroglycerin.