

CHEST PAIN/ ACUTE CORONARY SYNDROME BLS

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- Chest discomfort or pain, suggestive of cardiac origin or other symptoms of ACS (Acute Coronary Syndrome) which may include weakness, nausea, vomiting, diaphoresis, dyspnea, dizziness, palpitations, "indigestion"

TREATMENT

- BLS RMC
- Limit patient's physical activity
- Administer **ASA** 162-325 mg (chewable) if no known aspirin allergy, even if patient has taken daily ASA dose.
- Allow patient to self-administer own **Nitroglycerin (NTG)** as directed by their own physician only if SBP > 100

SPECIAL CONSIDERTIONS

- Discomfort or pain: OPQRST, Previous episodes, 0-10 scale
- Suspicion of ACS is based upon patient history. Be alert to patients likely to present with atypical symptoms or "silent MI's" (women, elderly and diabetics).
- If patient is having an MI, **NTG** may cause significant hypotension.
- If the patient has taken erectile dysfunction (ED) medication within the last 24 hrs (Viagra/Levitra) or 36 hrs (Cialis) instruct patient not to take **NTG**.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Medical history (cardiac history; other medical problems including hypertension, diabetes or stroke)
- OPQRST information
- Vital signs before/after **NTG** administration
- Erectile dysfunction medications taken
- Level of pain
- Medications administered
- Code status / Designated Decision Maker