

# CHEST PAIN/ ACUTE CORONARY SYNDROME ALS

ALWAYS USE STANDARD PRECAUTIONS

## INDICATION

- Chest discomfort or pain, suggestive of cardiac origin.
- Other symptoms of Acute Coronary Syndrome (ACS) which may include weakness, nausea, vomiting, diaphoresis, dyspnea, dizziness, palpitations, “indigestion”
- Atypical symptoms or “silent MIs” (women, elderly, and diabetics)

## PHYSICIAN CONSULT

- Additional treatment for ongoing pain when BP<100

## TREATMENT

- ALS RMC
- **ASA** 162-325 mg (chewable), even if patient has taken daily ASA dose.
- 12-lead ECG; if elevation in leads II, III, and AVF, suspect RVI and perform right-sided ECG.
- For chest discomfort or pain, **NTG** 0.4 mg SL/ spray, MR q 5 min. if systolic BP > 100
  - Withhold the NTG if the patient has RVI or has taken erectile dysfunction (ED) medication within the last 24 hrs (Viagra/Levitra) or 36 hrs (Cialis).
- If pain persists, treat per Adult Pain Management Policy, ATG 2
- Consider NS 250cc IV fluid bolus if BP < 100.
- For recurrent episodes of ventricular tachycardia with persistent chest pain, administer **Amiodarone** 150 mg in 100 ml NS, IV/IO; infuse over 10 minutes. May repeat q 10 minutes as needed.

## SPECIAL CONSIDERATION

- IV access before NTG if any one of the following applies:
  - SBP <120
  - Patient does not routinely take NTG
- Consider other potential causes of chest pain: pulmonary embolus, pneumonia, aortic aneurysm and pneumothorax
- Infarctions may be present with normal 12-leads
- Routine administration of oxygen is not indicated if saturation is >93%

## DOCUMENTATION- ESSENTIAL ELEMENTS

- OPQRST information
- Vital signs before/after **NTG** administration
- Cardiac rhythm documentation
- ECG findings
- Erectile dysfunction medications taken
- Level of pain

## RELATED POLICIES/ PROCEDURES

- 12-lead Electrocardiogram ALS PR 12
- Destination Guidelines GPC 4
- STEMI C 9
- Adult Pain Management ATG 2