



# EMSA-Intermediate Treatment Protocol 5202

## Chest Pain/Discomfort Acute Coronary Syndrome (ACS)

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- A. Indications for this protocol include one or more of the following:
1. Male over 25 years of age or female over 35 years of age, complaining of substernal chest pain, pressure or discomfort unrelated to an injury.
  2. History of previous ACS/AMI with recurrence of “similar” symptoms.
  3. Any patient with a history of cardiac problems who experiences lightheadedness or syncope.
  4. Patients of any age with suspected cocaine abuse and chest pain.
- B. Perform **MAMP (5201)**.
- C. If patient has no history of allergy to aspirin **and** has no signs of active bleeding (i.e., bleeding gums, bloody or tarry stools, etc.), then administer 4 (four) 81 mg chewable aspirin orally (324 mg total). Note: May be administered prior to establishment of IV access.
- D. If blood pressure > 100 systolic and patient has **not** taken *Viagra* or *Levitra* within last 24 hours (or *Cialis* within the last 72 hours):
1. Administer nitroglycerine 0.4 mg (1/150 gr) SL. Note: May be administered prior to establishment of IV access.
  2. Repeat every 5 minutes until pain is relieved or 3 doses administered.
  3. If blood pressure falls below 100 systolic, discontinue dosing and **contact MCP** to discuss further treatment.



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- E. If blood pressure < 100 systolic and/or patient is experiencing severe bradycardia or tachycardia treat according to appropriate protocol. Further treatment **per MCP orders**. If patient has taken *Viagra* or *Levitra* within last 24 hours (*Cialis* within 72 hours) nitroglycerine should only be given **by MCP order**.



- F. Transport.
- G. Contact Medical Command.
- H. If chest pain persists:

1. Morphine sulfate 2 mg slow IV **per MCP order**.
2. Repeat morphine sulfate 2 mg **per MCP order** after five minutes if pain persists and BP is over 100 systolic.
3. Administer additional nitroglycerine 0.4 mg (1/150 gr.) sublingual **per MCP order**.



- I. Treat dysrhythmias according to specific protocols.
- J. If transport time permits, complete **Cardiac Thrombolytic Therapy Screening** questionnaire. (See Section L next page.)



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L. Cardiac Thrombolytic Therapy Screening:

Patient Name: \_\_\_\_\_ Age \_\_\_\_\_

Duration of symptoms: \_\_\_\_/\_\_\_\_hrs./mins.

	Yes	No
1. S-T segment elevated or depressed at least 0.1 mv?	___	___
2. History of bleeding problems, i.e. nose, gums, etc?	___	___
3. History of bleeding ulcers?	___	___
4. History of bleeding hemorrhoids?	___	___
5. Any surgery in last 6 months?	___	___
6. Any dental procedures in last 6 months?	___	___
7. History of stroke (including family)?	___	___
8. History of sudden/temporary weakness/numbness of face or extremities, dizziness or unsteadiness?	___	___
9. History of difficulty with speech or visions?	___	___
10. History of headaches or mental status changes?	___	___
11. Any recent falls or injuries?	___	___
12. History of high blood pressure?	___	___
13. History of diabetes?	___	___
14. History of hemorrhagic retinopathy?	___	___
15. Pregnant?	___	___
16. Receiving oral anticoagulants?	___	___
17. CPR performed recently?	___	___
18. IM injections recently?	___	___
19. Known cardiac arrhythmias?	___	___
20. Liver dysfunctions?	___	___