

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

**SUBJECT: 700.02
CARDIAC EMERGENCIES:
CHEST PAIN**

**ORIGINAL ISSUE 5/08
LATEST REVISION 2/15**

Procedure:

1. Universal cardiac care (with 12 lead EKG if available- see protocol).
2. A brief, concise, and targeted history and physical is extremely important at this time.
3. Administer 324 mg (4 pills) chewable baby aspirin.
4. Administer oxygen as needed to keep oxygen saturation > 94%.
5. Start IV.
6. Administer nitroglycerine 0.4 mg sublingual every 3 - 5 minutes to a total maximum dose of 3 tablets. (Nitroglycerin is contraindicated with BP < 100mmHg). Monitor the patient's pain status and blood pressure carefully.
7. Perform 12-Lead EKG.
8. If EKG shows acute ST-segment elevation myocardial infarction, start second IV and transmit EKG to medical control as soon as possible. A verbal phone report should quickly follow including patient's name, date of birth, and cardiologist. **As a general rule, only EKGs showing acute ST segment elevation myocardial infarction should be sent to medical control.** The remainder should be given to ER staff on arrival.

Note: These treatment and assessment parameters should be done simultaneously and accomplished within the first few minutes. They do not necessarily have to be done in this order, but they should all be accomplished rapidly.

9. For pain not relieved with nitroglycerine, a dose of Fentanyl 1 mcg/Kg slow IVP may be administered. Max dose 100 mcg. For further doses contact medical control

STANDARD PRECAUTIONS MUST BE OBSERVED.