



CHEST PAIN- SUSPECTED AMI



Escambia County, Florida - ALS/BLS Medical Protocol

This protocol should be followed when Angina Pectoris or Acute Myocardial Infarction is suspected.

Signs and/or symptoms that may or may not be present include: chest pain or discomfort, dyspnea, diaphoresis, nausea/vomiting, and weakness/fatigue.

If these additional signs and symptoms are present in the absence of chest pain or discomfort, an Acute Myocardial Infarction may still be present.

In those cases when Angina Pectoris and/or Acute Myocardial infarction is suspected a short "on scene" time is advised, (<10 minutes).

Obtaining a 12 lead EKG is paramount to patient treatment and early activation of the "STEMI Alert" system. An EKG should be done as soon as possible once on scene and transmitted to the receiving hospital as soon as possible.

Supportive Care

1. [Medical Supportive Care Protocol](#). Administer oxygen via nasal cannula @ 4 LPM (use non-rebreather @ 15 LPM if SpO₂ <90%).
2. Perform 12 lead EKG and transmit to receiving hospital as soon as possible. **Notify on-line medical control of "STEMI ALERT" if criteria met. (d)**

ALS Level 1


1. Treat dysrhythmias (a).
2. Aspirin 325 mg PO (chewable), unless contraindicated (b).
3. If patient is experiencing chest pain or discomfort and systolic BP \geq 100 mmHg, administer [Nitroglycerin](#) (Nitrostat) 0.4 mg SL, repeat every 5 minutes (maximum dose 3 tablets).



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Nitroglycerin should not be administered to patients that have taken Viagra or any other erectile dysfunction drug within the last 48 hours for Viagra or similar short acting drugs, or 72 hours for Cialis or similar longer acting drugs. (If hypotensive, see [Cardiogenic Shock](#)) (c).(a)

4. Contact on line medical control at the appropriate receiving hospital after the EKG is transmitted. After consultation with on line medical control a "**STEMI Alert**" may be called if criteria met. (d)

All "**STEMI Alerts**" should be transport to an appropriate cardiac interventional [facility](#).

ALS Level 2 (*Physician Authorization Required*)

1. If pain continues and patient is not hypotensive (systolic BP ≥ 100 mmHg), administer Morphine in 2 mg increments IV until pain is relieved. (To a maximum total dose of 10 mg.) (a).

Notes


- (a) Bradycardia with hypotension may be due to inferior wall MI associated with right ventricular MI due to a reduction in pre-load. . In this instance, pacing and IV fluids may improve patient's hemodynamic status, provided that systolic BP is >100 mmHg. Avoid use of nitrates (Nitroglycerin) and Morphine with right-sided MI.
- (b) Allergies to ASA, history of recent GI or other significant bleeding, history of bleeding disorders, history of current Coumadin or Warfarin use.
- (c) Avoid Nitroglycerin with hypotension (systolic BP <100 mmHg), severe bradycardia ($<50/\text{min.}$), severe tachycardia ($>150/\text{min.}$), or use of Viagra® or other erectile dysfunction drugs in past 48 hours.



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(d) AMI is probable when there is:


- (1) A minimum of 1.0 mm of ST elevation in two or more related precordial leads or 1.0 mm of ST elevation in two or more related limb leads on the 12 lead ECG with history suggestive of AMI,(STEMI) ,ST segment elevation Myocardial Infarction.
- (2) A new onset of left bundle branch block (LBBB) on the ECG with signs/symptoms and history suggestive of AMI.



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