



CHEST PAIN



Escambia County, Florida – 1st Responder Medical Protocol

This protocol should be followed when a patient has chest pain and/or Acute Myocardial Infarction is suspected.

Signs and/or symptoms that may or may not be present include: chest pain or discomfort, shortness of breath, sweating, nausea/vomiting, and/or 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.

ASSESSMENT

- A. ABC'S, as in [General Supportive Care Protocol](#).
- B. Has the patient taken any medication within the past hour in an attempt to alleviate the problem?
 1. If yes, what effect did it have?
 2. What was the medication? How much did the patient take?
- C. Assessment of the pain:
 1. Location of the pain
 - Jaw, neck, shoulder or arm pain can also indicate cardiac problems
 - Ask if pain radiates from one location to another (e.g., down arms)
 2. Quality of pain:
 - squeezing
 - tightness
 - crushing



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Approved by:

A handwritten signature in black ink, appearing to read "Charles Neal".

Charles Neal, D.O. Medical Director



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3. Onset of pain
 - While at rest
 - While engaged in strenuous activity

D. Assessment of Respiratory Difficulty:

1. Labored
2. Audible wheezing?
3. Onset:
 - Sudden?
 - How long?

TREATMENT

- A. Oxygen as per [General Supportive Care Protocol](#) in preparation for the arrival of the advanced life support ambulance.
- B. Monitor vital signs every 2 - 5 minutes.
- C. Reassure patient.
- D. Place in most comfortable position (If nauseated or in respiratory distress, keep head elevated unless spinal precautions indicated)
- E. Assist ventilations, if necessary, as per general supportive care protocol.



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Has the patient taken Viagra or any erectile dysfunction drug within the past 48 hours?

*If **YES**:*

***DO NOT** allow them to take their Nitroglycerin.*

REPORT –

See [General Supportive Care Protocol](#).

Report information to EMS crew as outlined previously, with the following additions.

1. Stable patient :
 - report after arrival
2. Unstable patient :
 - report prior to EMS arrival:
 - A. Previous cardiac history?
 - B. Open heart surgery?
 - C. History of Congestive heart failure?
 - D. Irregular pulse - any history of same?
 - E. Medications, allergies, private physician.
 - F. Are they taking any blood thinners?
 - G. Have they had a bleeding problem?



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