

ADULT CARDIAC CHEST PAIN/ACUTE CORONARY SYNDROME	
Stable	Unstable
BLS	
<ul style="list-style-type: none"> <li>• Universal Protocol #601</li> <li>• May assist with administration of patient's prescribed <b>Nitroglycerin</b> with SBP <math>\geq</math> 100 mmHg</li> </ul>	<ul style="list-style-type: none"> <li>• Universal Algorithm</li> </ul>
BLS Optional	
<ul style="list-style-type: none"> <li>• Pulse Oximetry – O<sub>2</sub> administration per Airway Management Protocol #602</li> <li>• <b>Aspirin</b> 162 mg PO (non-enteric coated) chewable tablets</li> </ul>	
ALS Standing Orders	
<ul style="list-style-type: none"> <li>• Obtain 12-lead ECG early</li> <li>• <b>Nitroglycerin</b> 0.4 mg SL tablet or spray                             <ul style="list-style-type: none"> <li>○ Repeat every 5 min</li> <li>○ <b>Nitroglycerin Paste</b> 1 GM may be considered after initial dose(s) of SL Nitroglycerin</li> <li>○ <b>HOLD NITROGLYCERIN</b> and consult base if:                                     <ul style="list-style-type: none"> <li>○ SBP is trending towards or drops &lt;100 mmHg <u>or</u> in the presence of other signs/symptoms of hemodynamic instability</li> <li>○ Evidence of Right Ventricular Infarction (RVI) – see Notes</li> </ul> </li> </ul> </li> <li>• If pain persists and no relief with Nitroglycerin:                             <ul style="list-style-type: none"> <li>○ <b>Morphine</b> up to 10 mg slow IV titrated to pain improvement (Maintain SBP <math>\geq</math> 100 mmHg)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Obtain 12-lead ECG early</li> </ul>
Base Hospital Orders Only	
<ul style="list-style-type: none"> <li>• <b>Nitroglycerin</b> with                             <ul style="list-style-type: none"> <li>○ Significant decrease in SBP after administration</li> <li>○ Patients taking erectile dysfunction medications</li> <li>○ Atrial fibrillation with RVR</li> <li>○ Evidence of RVI</li> </ul> </li> <li>• <b>Normal Saline</b> bolus 500 mL</li> <li>• Additional <b>Morphine</b></li> <li>• <b>Dopamine</b> 5-20 mcg/kg/min for persistent hypotension</li> <li>• As needed</li> </ul>	
Notes	
<ul style="list-style-type: none"> <li>• Acute Coronary Syndrome – a group of conditions resulting from acute myocardial ischemia – including: chest/upper body discomfort, shortness of breath, nausea/vomiting, or diaphoresis</li> <li>• Atrial fibrillation with RVR is atrial fibrillation with a ventricular rate &gt; 100</li> <li>• Evidence for RVI: All inferior STEMI should be evaluated for ST elevation in V4R</li> <li>• Early notification of the SRC with “STEMI Alert” with a 12-lead ECG reading of ***Acute MI Suspected*** or equivalent based on monitor type.</li> <li>• “STEMI Alerts” consider a secondary IV with NS lock to assist the Cath Lab in tubing changes.</li> </ul>	