

CHEST PAIN/CARDIAC ISCHEMIA

ACTION/TREATMENT:

- ABCs/monitor cardiac rhythm. 12-lead EKG if available.
- IV access, rate titrated to perfusion as needed.
- Nitroglycerin for suspected ischemic chest pain:
0.4 mg SL if systolic BP \geq 90.
May repeat every 3-5 minutes; maximum total of 3 doses.

Subsequent doses may be repeated as needed.

- Morphine Sulfate: 2 - 20 mg IVP titrated to pain.

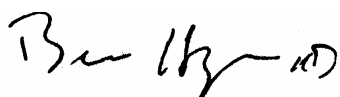
- Cardiovascular Receiving Center (CRC) triage: If field 12-lead identifies ST-segment elevation MI (STEMI) – machine interpretation is “acute myocardial infarction suspected” report this to the base hospital for possible triage to a Cardiovascular Receiving Center.

NOTES:

- STEMI patients with cardiac arrhythmias or in cardiogenic shock should be transported to a designated CRC if one is available.
- PVCs are best treated by relieving hypoxia, acidosis or electrolyte imbalance.
- When a patient's heart rate is less than 60, PVCs may be the result of the slow rate, *i.e.*, ventricular escape beat. Atropine may increase the rate or override the ventricular escape beat.
- Atropine may worsen cardiac ischemia by increasing heart rate and myocardial oxygen consumption. Use in suspected acute MI at base physician discretion.
- Document reported use of Viagra® - like medication within previous 24-48 hours. These include Viagra® (sildenafil), Levitra® (vardenafil), and Cialis® (tadalafil). Cialis® limit for nitroglycerin is 48 hours. Do not administer nitroglycerin unless approved by base physician. May use morphine for pain management.

Boxed text indicates BH order
Unboxed text indicates standing order

Approved:



TxGuide98:cardiac:C-15
Implementation Date: 7/31/06