

CHEST PAIN ADMINISTRATIVE ORDER

Initiate immediate supportive care:

O2 to maintain sat at 94%
(SpO2 >94% may be harmful to the patient)
Complete primary and secondary survey as indicated
Vital Signs (FSBG and temperature as indicated)
Cardiac Monitor
Obtain **12-lead ECG** and transmit to receiving facility (if possible)

Obtain 12-lead ECG and transmit to receiving hospital < 5 min
STEMI Alert for ST elevation in 2 contiguous leads, < 10 min
Total scene time < 15min

Inclusion Criteria:

- ≥25 years of age with chest pain or anginal equivalent*
- Use on patients < 25 years of age with history of recent drug use

Exclusion Criteria:

- **Pregnancy**
- **Dysrhythmias-where other protocols should be considered**

- Administer *Chewable Aspirin* 324mg PO
 - **Initiate IV NS/LR TKO, obtain blood**
 - If normotensive, consider saline lock with NS flush
Push all meds slowly
 - **If STEMI patient, initiate second IV**
- Administer one *NTG*** 0.4mg SL (*if SBP > 110*) give q5 minutes, until pain relieved or to a max of 3 doses
 - Do NOT withhold *NTG* to initiate IV

**Withhold Nitro if:

SBP <110 after NTG, Bradycardia with hypotension, recent use of Viagra or similar medication, Use with caution with Right Sided Posterior MIs

- If SBP drops to <90:
 - Place patient in Trendelenburg
 - Administer *NS/LR 20ml/kg* bolus
 - Reassess VS and lung sounds after every 500ml infused
 - May repeat as needed for continued SBP <90
- If pain is unrelieved by *NTG* (or if contraindicated):
 - Follow **Pain Management AO**
- If nauseated: *Ondanestron (Zofran)* 4mg SIVP

Notification to include:

Chest Pain Administrative Order, unit number, patient age, gender, and ETA to receiving facility.
Advise if patient is unstable or STEMI alert