



**DISCOMFORT / PAIN OF SUSPECTED  
CARDIAC ORIGIN**

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**BLS**

**ALS**

- Ensure patent airway
- O<sub>2</sub> saturation PRN
- Use supplemental O<sub>2</sub> to maintain saturation at 94-98%
- O<sub>2</sub> and/or ventilate PRN
- Minimize patient exertion, including walking, when possible
- If SBP ≥100 mmHg, may assist patient to self-medicate own prescribed NTG<sup>1</sup> SL (**maximum 3 doses, including those the patient has taken**)
- May assist with placement of 12-lead EKG leads
- May assist patient to self-medicate own prescribed aspirin up to a max dose of 325 mg

- Monitor/EKG
- IV <sup>Ⓐ</sup>
- Obtain 12-lead EKG
- Repeat 12-lead EKG after arrhythmia conversion or any change in patient condition<sup>2</sup>
- If STEMI suspected, immediately notify BH, transmit 12-lead EKG to appropriate STEMI receiving center and transport<sup>3</sup>
- Report LBBB, RBBB or poor-quality EKG
- Aspirin 324 mg chewable PO<sup>4,5</sup> <sup>Ⓐ</sup>

**If SBP ≥100 mmHg**

- NTG<sup>1</sup> 0.4 mg SL, MR q3-5 min <sup>Ⓐ</sup>
- Treat pain per Pain Management Protocol (S-141)

**Discomfort/pain of suspected cardiac origin with associated shock**

- 250 mL fluid bolus IV/IO with no rales, MR to maintain SBP ≥90 mmHg <sup>Ⓐ</sup>

**If BP refractory to second fluid bolus**

- Push-dose epinephrine 1:100,000 (0.01 mg/mL) 1 mL IV/IO, MR q3 min, titrate to SBP ≥90 mmHg

**Push-dose epinephrine mixing instructions**

1. Remove 1 mL normal saline (NS) from the 10 mL NS syringe
2. Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe

The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.

<sup>1</sup> NTG is contraindicated in patients who have taken erectile dysfunction medications such as sildenafil (Viagra®), tadalafil (Cialis®), and vardenafil (Levitra®) within 48 hours; and pulmonary hypertension medications such as sildenafil (Revatio®), and epoprostenol sodium (Flolan®) and (Veletri®)

<sup>2</sup> Do not delay transport for a repeat 12-lead EKG

<sup>3</sup> Immediately transmit 12-lead EKG to receiving hospital for suspected STEMI patients regardless of patient presentation

<sup>4</sup> Administer aspirin even if discomfort/pain has resolved. If aspirin is not given, document the reason

<sup>5</sup> Aspirin may be withheld if an equivalent dose has been administered by a healthcare professional