

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

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**CHEST PAIN**

**FIRST RESPONDER/BASIC LIFE SUPPORT**

**I. General Management**

- A. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
  - 1. **O2 4-6 LITERS PER NASAL CANNULA**
  - 2. **If in respiratory distress, NRM @ 100%**
  
- B. Evaluate circulation
  - 1. Pulse and blood pressure
  - 2. Determine skin color, temp and moisture
  - 3. Listen to heart and lungs
  - 4. Pulse ox, if available
  
- C. Assist patient in taking **One 325mg Aspirin, if not allergic and/or unless patient has just taken one for current pain episode.**<sup>1</sup>

**ADVANCED LIFE SUPPORT**

- D. **MONITOR EKG.** Acquire 12 lead EKG without delay. Report findings to receiving facility.

- E. **IV NORMAL SALINE @ TKO**

**II. Specific Management**

**A. CHEST PAIN NON-CARDIAC ORIGIN**

- 1. Transport patient in position of comfort
- 2. Refer to appropriate parameter, if applicable

**B. CHEST PAIN OF SUSPECTED CARDIAC ORIGIN**

- 1. Administer **4 CHEWABLE ASA 81MG EACH.**<sup>1</sup>, if not already given.
- 2. Administer **NITROGLYCERINE SL 0.4mg(1/150).**
  - a. May repeat every five minutes, until pain is **totally relieved**, or to a total of 3 doses.
  - b. Do not administer if patient is or becomes hypotensive (systolic BP<90), or has taken any of the **erectile dysfunction medications** (i.e. Viagra, Caverta, Cialis, Levitra, etc.), within previous 24 hours.<sup>2</sup>

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- c. If vascular access has been attempted but cannot be established without delay, nitroglycerin may be administered prior to establishing vascular access if:<sup>3</sup>
  - 1. Patient has a history of prior nitroglycerin use.

**AND/OR**

- 2. Patient's systolic BP >120.

**NOTIFY RECEIVING FACILITY**

- C. If chest pain unrelieved by nitroglycerine, consider **MORPHINE SULFATE 2mg IV SLOWLY Q 3-5 MIN TITRATED TO PAIN UP TO 6mg TOTAL (3 DOSES).**<sup>4</sup>
- D. If patient is hypotensive, administer **300ML FLUID BOLUS WITH REPEAT AS NEEDED**, titrating to signs of adequate perfusion.<sup>5</sup>

**CONTACT MEDICAL CONTROL**

- E. Additional NTG doses 0.4mg (1/150 gr) SL., if pain persists.
- F. Additional Morphine doses, 2mg IV SLOWLY Q 3-5 MIN, if pain persists and vital signs stable.
- G. Alternate Destination, depending on clinical situation.

<sup>1</sup> Contraindications include:

- A. Aspirin allergy
- B. Current Thrombolytic therapy
- C. Recent GI bleed
- D. Bleeding disorder

<sup>2</sup> combination of two may increase risk of severe hypotension or cardiovascular collapse.

<sup>3</sup> Attempts at obtaining vascular access should continue during nitro administration.

<sup>4</sup> Do not administer if patient hypotensive or respirations are compromised.

<sup>5</sup> Assess for signs of heart failure after each bolus, i.e. rales, increased SOB or JVD.

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