

Subject: Treatment Guidelines – ALS Personnel
Cardiac Emergencies – Suspected Acute MI / Acute Coronary Syndrome

Associated Policies: 5309, 5310, 5312, 5328, 5331, 5438

I. Priorities

- A. ABC's
- B. Identify dysrhythmia and degree of distress.
- C. Initiate treatment before transport.
- D. Re-assess rhythm and vital signs frequently.
- E. Transport Code 2. If unstable, Code 3.

II. Indications:

- A. Chest Pain Suspicious of Cardiac Origin (Typical or Atypical)
- B. Syncope episode.
- C. History of previous AMI
- D. History of heart disease.
- E. Angina

III. Treatment:

1. Reduce anxiety, allow patient to assume position of comfort.
2. Oxygen as clinically indicated.
3. Obtain rhythm strip for documentation.
4. IV access early. If signs of inadequate tissue perfusion and clear lung sounds, give 300ml NS bolus, may repeat. (Blood draw for labs, if possible.)
5. Aspirin 324 mg non-enteric coated (4 chewable 81 mg tablets or 1/2-1 adult 325 mg tablet), chewed and swallowed.
6. Nitroglycerine 0.4 mg sublingual or metered - dose spray. May repeat every 3-5min, if BP>100 systolic.
7. Morphine Sulfate IVP titrated to relieve chest pain, if BP > 90 systolic.
8. Obtain 12 Lead ECG as early as possible.
9. If signs of inadequate tissue perfusion or if inferior wall infarct is suspected, consider obtaining a right-chest 12 Lead. (V4R)
10. If right ventricular infarct is suspected with signs of inadequate tissue perfusion, consider 300ml NS bolus, may repeat. Early consultation with Base Station. (Nitrates should be avoided in the presence of suspected Right Ventricular Infarct or hypotension.)
11. Leave 12 Lead monitoring in place. Repeat 12 Lead at regular intervals if monitor is not equipped with trending.
12. If computerized interpretation of accurately performed 12 Lead indicates either ***ACUTE MI*** or ***STEMI MI***, the

Subject: Treatment Guidelines – ALS Personnel
Cardiac Emergencies – Suspected Acute MI / Acute Coronary Syndrome

Associated Policies: 5309, 5310, 5312, 5328, 5331, 5408, 5428

- patient should be evaluated for transport directly to the PCI center.
13. With consent, a patient with an identified STEMI or ACUTE MI should be transported to the designated STEMI Receiving Center.
 14. Patients without these findings should be transported to the nearest receiving facility if possible.
 15. Patients developing cardiac arrest or unmanageable airway enroute should be transported to the nearest appropriate Receiving hospital.
 16. For patients with nausea and vomiting, consider Zofran 4mg slow IV/IM/IO, or 4mg PO oral dissolving tabs as tolerated.
 17. Reevaluate frequently for any changes.
 18. Screen for Fibrinolytic Therapy (see Checklist) as time permits on all Suspected Acute MI patients.
 19. Lidocaine is indicated only for significant ventricular ectopy or unstable ventricular rhythms. Routine prophylactic Lidocaine therapy is contraindicated for patients with uncomplicated AMI.
 - a. Lidocaine 1-1.5 mg/kg IVP every 5-10 minutes to loading dose of 3 mg/kg, if heart rate 60-150/minute.
 - b. Lidocaine drip 2-4 mg/minute (2 gm in 500 ml IV solution).
 - c. In the presence of CHF, liver failure, shock, or age > 70, consider half the maximum dose of Lidocaine.
 20. Consider shock protocols below for clinical signs of hypoperfusion.

IV. Clinical Signs of Hypoperfusion:

1. Oxygen as indicated by clinically presentation.
2. Obtain early IV access-. (Blood draw for labs, if possible.)
3. Consider the cause:
 - a. Volume problem:
 - 1) Fluid challenge 250-300-500ml normal saline, repeat as needed to obtain adequate volume replacement.
 - 2) ** If systolic BP < 70 consider, Dopamine infusion 5-20µg/kg/minute.
 - b. Rate problem:
 - 1) Use tachycardia or bradycardia treatment protocols.
 - c. Pump problem:

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Treatment Guidelines – ALS Personnel
Cardiac Emergencies – Suspected Acute MI / Acute Coronary Syndrome

Associated Policies: 5309, 5310, 5312, 5328, 5331, 5408, 5428

1. Fluid challenge – 300ml-500ml NS, repeat as needed to obtain adequate volume replacement.
2. ** If systolic BP < 70, consider Dopamine infusion 5-20µg/kg/minute.

V. Special Considerations:

1. Approximate time to acquire a 12 lead should not be longer than three (3) minutes.
2. Emergency Medical Technicians (Basics) can assist with application and acquisition of the 12 lead EKG under the direct supervision of the paramedic.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____