

CHEST PAIN / ACS / STEMI

EMR	<ul style="list-style-type: none"> <input type="checkbox"/> Routine Medical Assessment and Intervention <input type="checkbox"/> Oxygen per guideline if SpO₂ is less than 94% <input type="checkbox"/> Position of comfort for patient. <input type="checkbox"/> If patient becomes unresponsive proceed with cardiac arrest guideline. <input type="checkbox"/> ASA 324 mg (chewable by mouth). 	EMR
EMT	<ul style="list-style-type: none"> <input type="checkbox"/> May assist patient with prescription NTG, if systolic BP is greater than 100 mmHg; may repeat q 3-5 min for a total of 3 doses. <input type="checkbox"/> If equipment is available & trained, may acquire 12 lead ECG <ul style="list-style-type: none"> <input type="checkbox"/> Report any computer interpretation indicating potential for Acute ST elevation MI or STEMI to responding ambulance. <input type="checkbox"/> May consider use of air medical resources if appropriate (see HEMS guideline) 	EMT
AEMT	<ul style="list-style-type: none"> <input type="checkbox"/> Establish vascular access <input type="checkbox"/> Consider NTG 0.4mg SL q 5 minutes PRN to maintain systolic BP of 100 mmHg 	AEMT
EMT-I	<ul style="list-style-type: none"> <input type="checkbox"/> Interpret limb lead ECG <input type="checkbox"/> Pain management per pain management guideline 	EMT-I
PARAMEDIC	<ul style="list-style-type: none"> <input type="checkbox"/> Acquisition and Interpretation of 12-lead ECG <input type="checkbox"/> If available may consider initiating Nitro drip 10 mcg/min to max of 100mcg.min. <input type="checkbox"/> Consider STEMI in the following situations: <ul style="list-style-type: none"> <input type="checkbox"/> Chest Pain with no LBBB, AND <ul style="list-style-type: none"> <input type="checkbox"/> >1 mm ST elevation in 2 contiguous lateral leads (I, aVL, V4, V5, & V6) OR <input type="checkbox"/> >1 mm ST elevation in 2 contiguous inferior leads (II, III, & aVF) OR <input type="checkbox"/> >2 mm ST elevation in two contiguous chest leads (V1, V2, & V3) <input type="checkbox"/> If LBBB is present consider Sgarbossa Criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Concordant ST elevation > 1mm in leads with a positive QRS complex (score 5) <input type="checkbox"/> Concordant ST depression > 1 mm in V1-V3 (score 3) <input type="checkbox"/> Excessively discordant ST elevation > 5 mm in leads with a negative QRS complex (score 2) 	PARAMEDIC

Clinical Care Pearls

- MEDICATION WARNING:** NTG is contraindicated if pt has taken any erectile dysfunction medication (Viagra, Levitra, or Cialis) within last 24 hours.
- Differential diagnosis for non-traumatic chest pain should include: AMI; Aortic aneurism; PE; Pneumothorax (simple, tension, and spontaneous); Pericarditis; GERD; Gastrointestinal distress; Pleuritis.
- Index of suspicion for silent AMI should increase in patients who display any of the following symptoms - regardless of chest pain: Syncope; N/V of unknown etiology; CHF/pulmonary edema; Fatigue; Generalized pain outside of typical chest pain or chest discomfort.
- Index of suspicion for silent AMI should increase in patients who report any of the following risk factors - regardless of chest pain: Previous MI; HTN; Age > 60; Women; Diabetics.
- Transporting crews should notify the receiving hospital of a declared STEMI in order to allow for adequate time to activate appropriate resources (e.g., Cath lab) – See STEMI Alert Procedure.**