

# Chest Pain / Acute Coronary Syndrome

## Suspected Ischemic Chest Pain

**ILS**  
Protocol

- ABCs
- Oxygen 4 LPM NC ①
- Monitor Cardiac Rhythm. Obtain 12 lead ECG and transmit to appropriate hospital.
- IV NS TKO
- Transport ASAP to closest appropriate cardiac facility

- SpO2
- Vital Signs
- Obtain Medical History

Assess Circulation

- Is there a Volume problem?
- Pump problem?
- Rate problem?

Consider the following treatment options:

- Nitroglycerin SL 0.4 mg ② (see box below)
- Morphine IV 2-10mg titrate for pain up to 10mg ③
- Aspirin PO 150-325 mg ④

Nitroglycerin is contraindicated if a patient is using phosphodiesterase inhibitors for erectile dysfunction.

Phosphodiesterase inhibitors include: Cialais, Levitra, Viagra, Revatio, sildenafil, tadalafil, danafil, gildanafil.

**Myocardial Infarction**

**Anterior Wall:**

- ST elevation in leads V1-V4

**Inferior Wall:**

- ST elevation in leads II, III, aVF

**Lateral Wall:**

- ST elevation in leads I, aVL, V5-6

**Posterior Wall:**

- ST depression and tall, broad (>0.04 sec) R wave in leads V1 and V2 (reciprocal changes)

**Document:**

- ABCs
- Medical History
- Signs & Symptoms
- Cardiac Rhythm
- Quality of Pulses
- SpO2, VS
- Glasgow Coma Scale
- Color, Diaphoresis
- Lung Sounds
- Response to Treatment

1 Oxygen: adjust flow rate & route of administration as needed. Consider hypoxic drive in COPD and degree of respiratory effort. Non-COPD patients should be able to maintain SpO2 of 97% or higher. Increase oxygen concentration if SpO2 is low.

2 Nitroglycerin SL sublingual is contraindicated if systolic BP < 90 mmHg.

3 Morphine is indicated for continuing pain and acute pulmonary edema.

4 Aspirin is relatively contraindicated in patients with active ulcer disease or asthma. Contraindicated in cases of known hypersensitivity to aspirin. Consider holding if pt. takes Aspirin every day.