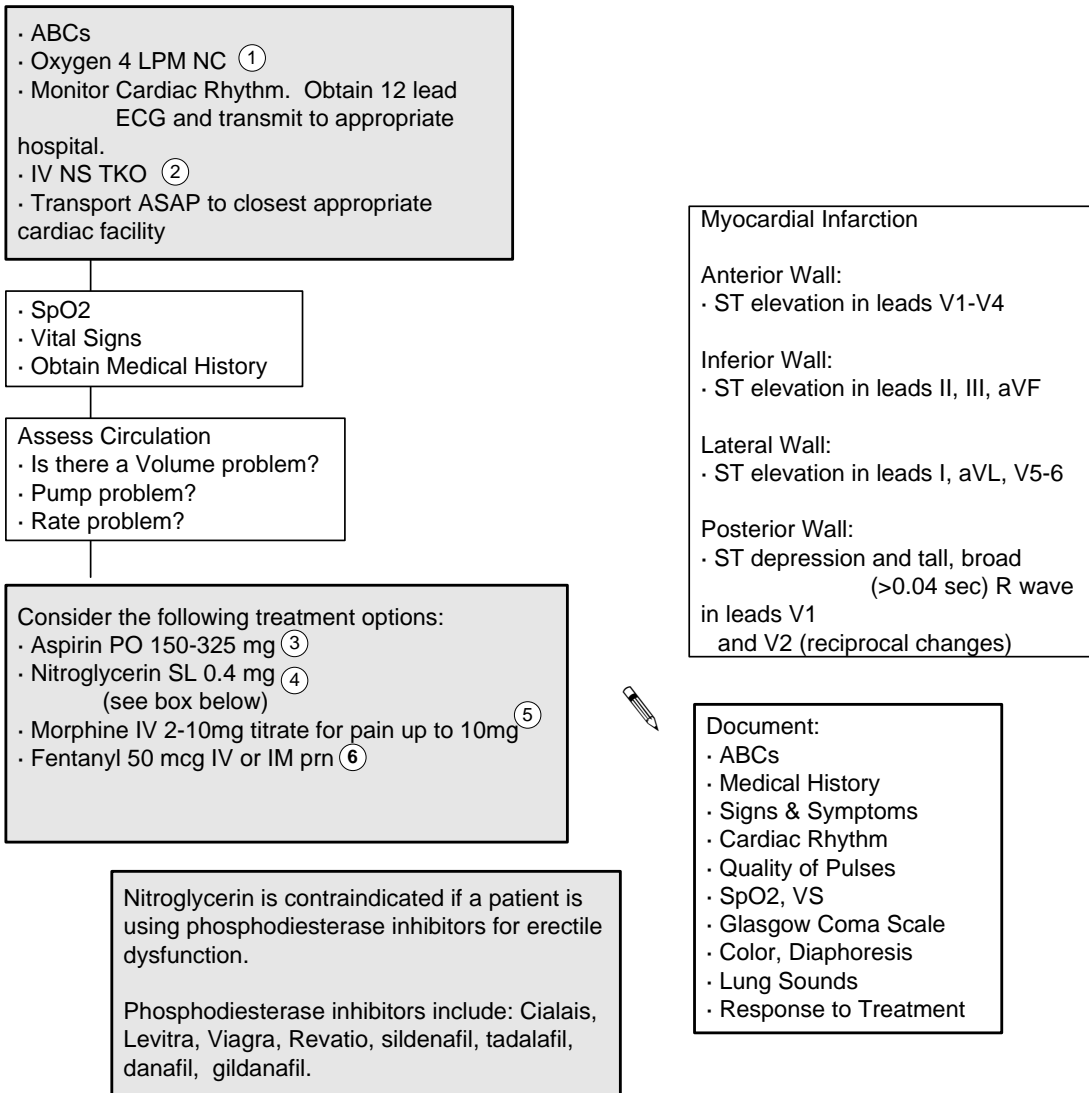


Chest Pain / Acute Coronary Syndrome

Suspected Ischemic Chest Pain

ILS
Protocol



- 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 IV: Avoid the R wrist as IV site; all other R arm sites are acceptable. Consider and attempt to establish two IV lines.
- 3 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.
- 4 Nitroglycerin SL sublingual is contraindicated if systolic BP < 90 mmHg.
- 5 Morphine is indicated for continuing pain and acute pulmonary edema.
- 6 Fentanyl: repeat dose 50 mcg prn (titrate to pain). Physician order required for respiratory depression/compromise, shock or altered mentation.