



ALS STANDING ORDERS:

1. Monitor cardiac rhythm.
2. Obtain 12-lead ECG prior to leaving scene; if acute MI indicated by cardiac monitor or suspected based on paramedic interpretation, make Base Hospital contact for CVRC destination with cardiac catheterization lab open and available.
3. Administer aspirin if none of the following contraindications exist:
 - If chest pain radiates directly to the mid-back or the patient reports mid-back pain, hold aspirin as this may be a symptom of a dissecting aorta, particularly in a patient with a history of hypertension.
 - Patient is on anticoagulant ("blood thinners") medication such as Coumadin, Pradaxa®, Effient®, and Lovenox® or antiplatelet medications such as Plavix®.
 - Patient reports history of aspirin allergy
 - Patient reports recent history of asthma.

▶ *Aspirin 4 (four) 81 mg chewable tablets (chew) or one 325 mg regular tablet to chew.*
4. Pulse oximetry; if room air O₂ Saturation less than 95%:
 - ▶ *Administer oxygen by mask or nasal cannula at 6 l/min flow rate, as tolerated and monitor O₂ saturation.*
5. For initial management of suspected cardiac pain give:
 - ▶ *Nitroglycerine 0.4 mg SL if systolic BP above 90 mm/Hg; repeat approximately every 3 minutes for continued discomfort; maximum total of 3 doses if systolic BP above 90 mm/Hg (Do not include possible doses patient took prior to ALS arrival as part of 3 EMS doses).*
6. If pain unrelieved with 3 doses of nitroglycerine or nitroglycerine cannot be administered, give:
 - ▶ *Morphine Sulfate: 5 mg (or 4 mg carpule) IV, may repeat once after approximately 3 minutes (hold if BP less than or drops below 90 systolic)*
 - OR
 - ▶ *Fentanyl 50 mcg IV, may repeat once after approximately 3 minutes for continued pain (hold if BP less than or drops below 90 systolic).*
7. For nausea or vomiting:
 - ▶ *Ondansetron (Zofran®): ODT 8 mg (two 4 mg tablets) orally to dissolve inside of cheek, once;*
 - OR
 - ▶ *4 mg IV, may repeat 4 mg IV in approximately 3 minutes if symptoms persist.*
8. ALS escort to nearest ERC or contact Base Hospital as needed or if acute MI (STEMI) for CVRC destination.

Approved:

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TREATMENT GUIDELINES:

- Consider an acute MI is indicated for the following 12-lead monitor interpretations:
 1. ***ACUTE MI***
 2. ***STEMI***
 3. Acute ST Elevation Infarct
 4. Probable Acute ST Elevation Infarct
 5. Acute Infarction
 6. Infarct, Probably Acute
 7. Infarct, Possible Acute

- Do not administer nitroglycerin if Viagra® (sildenafil), Levitra® (vardenafil), or Cialis® (tadalafil) were used by the patient in the past 24 hours.

- Intraosseous and external jugular lines should be avoided for potential CVRC patients because such lines may allow for uncontrolled bleeding without the ability to compress the bleeding site if a patient receives thrombolytics.

- Chest discomfort presenting as heartburn, pleuritic, or musculoskeletal pain does not rule out heart disease or acute MI. A field 12-lead ECG should be obtained as soon as possible, preferably prior to leaving scene, on any adult 45 years-old or greater who complains of the following symptoms:
 - Known history of coronary heart disease with chest discomfort, shortness of breath, or syncope-weakness.
 - Chest discomfort (unrelated to injury or strain) as chief symptom.
 - Radiation of chest discomfort to arm, shoulder, neck, jaw or back.
 - Diaphoresis.

- Base hospital contact should be made prior to leaving scene for all patients who have a 12-lead performed and elect to sign out AMA.

- If a patient is wearing a LifeVest®
 - Proceed with standard evaluation and treatment measures.
 - CPR can be performed as long as the device is not broadcasting “press the response buttons,” or “electrical shock possible, do not touch patient,” or “bystanders do not interfere.”
 - If external defibrillation is available, remove the LifeVest® and monitor/treat the patient with the external equipment. Providers can defibrillate with the vest in place AFTER disconnecting the battery.
 - To remove the LifeVest®, first pull out the battery, then remove the garment from the patient.
 - Take vest, modem, charger, and extra battery to the hospital.

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