

Atraumatic Chest Pain/Discomfort

Initial actions:

- Conduct scene size up, primary assessment, & immediate life-saving interventions. Have an AED nearby & ready.
- Administer oxygen by NC at 4 liters/minute unless the patient has respiratory distress, abnormal breath sounds, or SPO₂ < 94% (if available) then use a NRB mask at 15 liters/minute.
- Avoid exerting the patient (ie. If possible, patient should be carried) & place in a position of comfort unless necessitated by other factors.
- Request Advanced Life Support (ALS) considering their availability & hospital proximity. Consider transport to a receiving facility with emergency cardiac catheterization (PCI) capability. Minimize on scene time.
- Obtain baseline vital signs, SAMPLE history, & conduct a secondary assessment attentive to contraindications to fibrinolytic therapy (recent bleeding, surgery, etc.) and cardiac compromise.

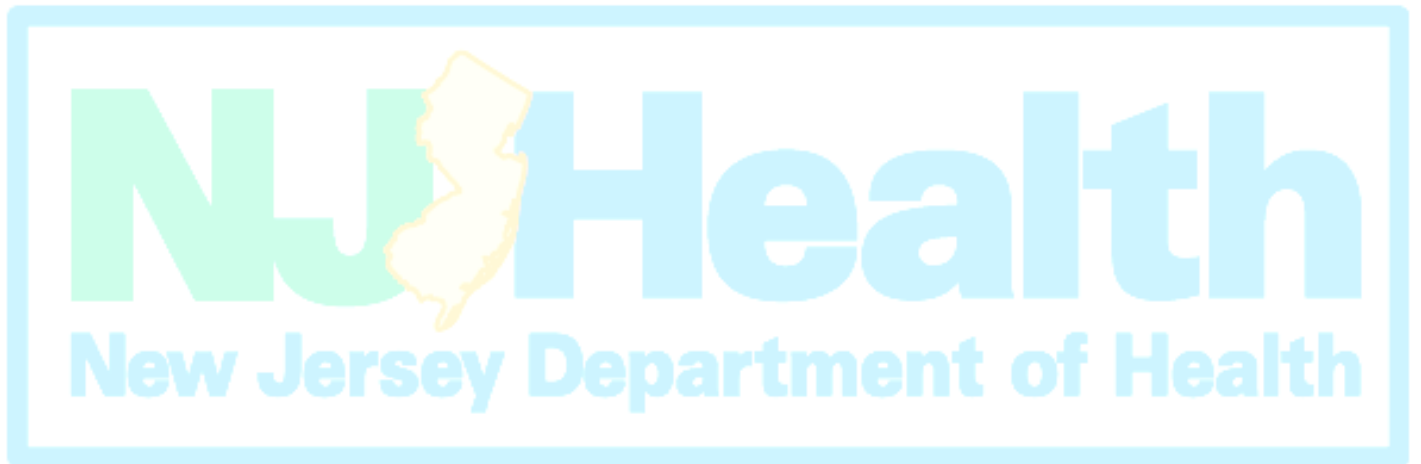
Initiate each of the following two treatments as indicated & appropriate if the patient is an adult still experiencing atraumatic chest pain or discomfort of known or suspected cardiac origin. If both are ready to be administered at the same time, give ASA before NTG. Otherwise they can be given in either order.

Prompt transport is important – DO NOT delay transport to administer these treatments.

Therapy	Oral acetylsalicylic acid (aspirin, ASA)	Sublingual nitroglycerin (NTG) or glyceryl trinitrate (GTN)
Form	Oral tablet or powder	Sublingual tablet or spray
Source	Available at the scene or supplied by EMT/agency under a Medical Director.	Must be prescribed for, & supplied by the patient.
Authorization	All EMTs	All EMTs
Age	19 years or older	18 years or older
Indications	Patient currently experiencing chest discomfort	
Contraindications	<ul style="list-style-type: none"> • Known hypersensitivity or allergy to ASA • 325mg ASA taken in the past 24 hours • Bleeding or active bleeding disorder • Pregnancy • Suspicion of thoracic or AAA • ASA is expired 	<ul style="list-style-type: none"> • 3 doses of NTG within a 15-minute period prior to or during this episode • Systolic BP <100 • Recent head injury • Phosphodiesterase (PDE) inhibitor (erectile dysfunction drugs such as viagra® & cialis®) use within 72 hours • NTG is expired
Adverse Effects	<ul style="list-style-type: none"> • Anaphylaxis • Nausea • Bleeding • Angioedema • Vomiting • Stomach irritation 	<ul style="list-style-type: none"> • Headache • Cardiovascular collapse • Lightheadedness • Methemoglobinemia • Bradycardia • Flushing • Hypotension
Administration	<ul style="list-style-type: none"> • Administer non-enteric coated tablets/powder to a cumulative dose of 324mg (using 81 or 162 mg tablets) or 325 mg (using regular adult tablets) • Have the patient thoroughly chew then swallow the ASA tablet(s), even if the tablet is not “chewable” ASA. A small sip of water may be given if the patient can’t chew well (e.g., dentures are not in) • Minimize interrupting mask oxygen 	<ul style="list-style-type: none"> • Assist with one tablet or spray under the tongue • Reassess chest discomfort using 1-10 pain scale & vital signs after 1-2 minutes • Repeat one dose of NTG every 5 minutes until a maximum of three has been administered for any one episode • Contact medical control if appropriate
Documentation	Note dose(s), time(s) of administration & patient response & communicate this during transfer of care to ALS and/or receiving facility staff	

REMEMBER: WHEN QUESTIONS OR CONCERNS ARISE, CONTACT MEDICAL CONTROL!

New Jersey Department of Health
Office of Emergency Medical Services
EMT Treatment Protocols



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