



EMS System for Metropolitan Oklahoma City and Tulsa 2016 Medical Control Board Treatment Protocols



DRAFT for MCB Review and Approval 7/13/16, Effective 10/1/16, replaces 4/1/16 and all prior versions

5C - ACUTE CORONARY SYNDROME ADULT

TREATMENT PRIORITIES

- 3 in 5 minutes of patient contact:
1. Vital signs
 2. O₂ if indicated
 3. ECG rhythm (if paramedic present)

- 5 in 10 minutes of patient contact:
1. ASA
 2. IV
 3. 12 lead ECG
 4. NTG or fluids (BP/Inf. MI?)
 5. Repeat vital signs

EMD

ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES).
ADVISE ASPIRIN (ASA) 324/325 mg CHEWED BY PT (unless contraindicated).
ADVISE NITROGLYCERIN (NTG) PT SELF-ADMINISTRATION
IF PREVIOUSLY PRESCRIBED FOR SIMILAR SYMPTOMS

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR

EMT

GENERAL SUPPORTIVE CARE OBTAIN VITAL SIGNS

O₂ VIA NC or NRB IF DYSPNEA or PULSE OX <94% AT ROOM AIR
APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped)
TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT
ASA 324/325 mg CHEWED BY PT (hold if taken < 6 hours or contraindicated)
ASSIST NTG SELF-ADMINISTRATION 0.4 mg (hold if Sys BP ≤ 100 mmHg)
IF PARAMEDIC OR OLMCP DIAGNOSES ACUTE STEMI, PLACE DEFIB PADS ANTERIOR-POSTERIOR CHEST WALL

EMT-I85

AEMT

IV ACCESS
IV NS TKO if SYS BP > 100 mmHg
IV NS 250 mL BOLUS if SYS BP ≤ 100 mmHg IF NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

TREAT ANY CARDIAC DYSRHYTHMIAS/SHOCK BY THE RESPECTIVE PROTOCOLS
ANALYZE 12-LEAD ECG – TREAT PER FOLLOWING FLOWCHART
NOTIFY RECEIVING HOSPITAL IMMEDIATELY IF SUSPECTED STEMI
TRANSPORT ASAP PER DESTINATION PROTOCOL

OBTAIN/ANALYZE RIGHT-SIDED 12-LEAD ECG ENROUTE

*ACUTE INFERIOR INFARCT?

**ACUTE RIGHT VENTRICULAR INFARCT?

SYS BP > 100 mmHg?

IF SYS BP < 120 mmHg,
IV NS 250 mL BOLUS
IF NO SIGNS OF PULMONARY EDEMA

*** NTG 0.4 mg SL.
MAY REPEAT EVERY 5 MIN
IF SYS BP > 100 mmHg

IV NS 250 mL BOLUS
REPEAT UNTIL
SYS BP > 100 mmHg
IF NO SIGNS OF
PULMONARY EDEMA

SIGNS OF PULMONARY EDEMA?

YES
NOREPINEPHRINE
2-4 mcg/min IVPB
TITRATE TO
SYS BP ≥ 100 mmHg
OR
DOPAMINE
5-20 mcg/kg/min IVPB
TITRATE TO
SYS BP ≥ 100 mmHg

* ACUTE INFERIOR INFARCT INDICATED BY ST SEGMENT ELEVATION IN AT LEAST 2 OF THESE 3 LEADS: II, III, aVF.

**ACUTE RIGHT VENTRICULAR INFARCT INDICATED BY ST SEGMENT ELEVATION IN AT LEAST 2 OF THESE 4 LEADS: V3R, V4R, V5R, V6R.

***DO NOT GIVE NTG TO PATIENTS TAKING VIAGRA® OR LEVITRA® WITHIN 24 HOURS OR CIALIS® WITHIN 48 HOURS WITHOUT OLMC CONSULT.

IF PT STILL HAVING ACS SYMPTOMS AFTER 3 NTG ADMINISTRATIONS WITH PERSISTENT CHEST PAIN & IF SYS BP > 100 mmHg:
ADDITIONAL NITROGLYCERIN PER PROTOCOL 16F
AND
MORPHINE SULFATE 2 mg SLOW IVP, MAY REPEAT EVERY 5 MIN TO A TOTAL OF 10 mg.
OR
FENTANYL 0.5 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 50 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 1.5 mcg/kg or 125 mcg WHICHEVER IS LESSER.
OR
HYDROMORPHONE 0.25 mg SLOW IVP
MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 1 mg.