



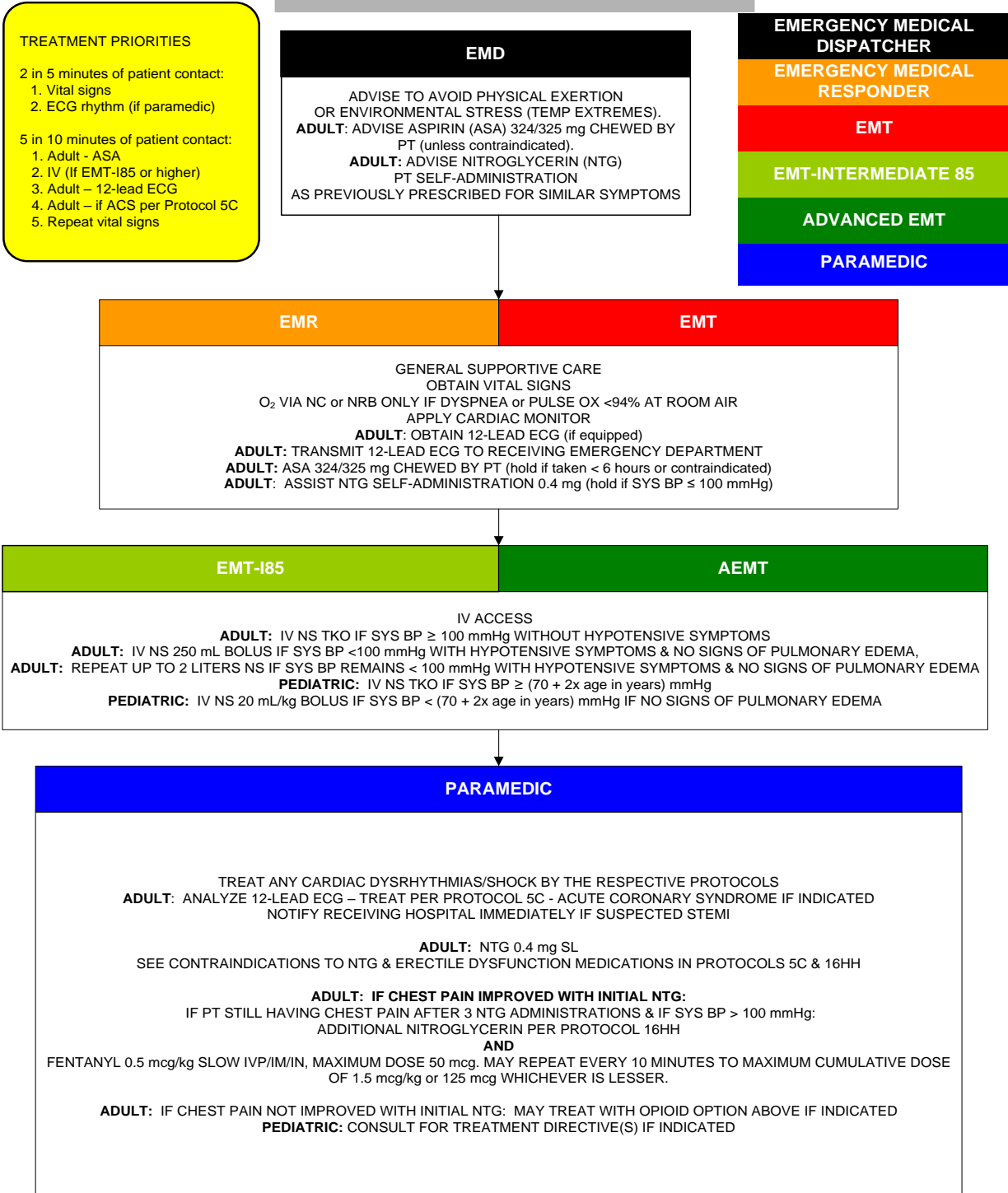
EMS System for Metropolitan Oklahoma City and Tulsa 2021 Medical Control Board Treatment Protocols



EMS SECTION

Approved 9/9/20, Effective 1/15/21, replaces all prior versions

5A – CHEST PAIN – UNCERTAIN ETIOLOGY ADULT & PEDIATRIC



EMR

EMT

GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O₂ VIA NC or NRB ONLY IF DYSPNEA or PULSE OX <94% AT ROOM AIR
APPLY CARDIAC MONITOR
ADULT: OBTAIN 12-LEAD ECG (if equipped)
ADULT: TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT
ADULT: ASA 324/325 mg CHEWED BY PT (hold if taken < 6 hours or contraindicated)
ADULT: ASSIST NTG SELF-ADMINISTRATION 0.4 mg (hold if SYS BP ≤ 100 mmHg)

EMT-I85

AEMT

IV ACCESS
ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA.
ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg
PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

TREAT ANY CARDIAC DYSRHYTHMIAS/SHOCK BY THE RESPECTIVE PROTOCOLS
ADULT: ANALYZE 12-LEAD ECG – TREAT PER PROTOCOL 5C - ACUTE CORONARY SYNDROME IF INDICATED
NOTIFY RECEIVING HOSPITAL IMMEDIATELY IF SUSPECTED STEMI
ADULT: NTG 0.4 mg SL
SEE CONTRAINDICATIONS TO NTG & ERECTILE DYSFUNCTION MEDICATIONS IN PROTOCOLS 5C & 16HH
ADULT: IF CHEST PAIN IMPROVED WITH INITIAL NTG:
IF PT STILL HAVING CHEST PAIN AFTER 3 NTG ADMINISTRATIONS & IF SYS BP > 100 mmHg:
ADDITIONAL NITROGLYCERIN PER PROTOCOL 16HH
AND
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.
ADULT: IF CHEST PAIN NOT IMPROVED WITH INITIAL NTG: MAY TREAT WITH OPIOID OPTION ABOVE IF INDICATED
PEDIATRIC: CONSULT FOR TREATMENT DIRECTIVE(S) IF INDICATED