



EMS System for Metropolitan Oklahoma City and Tulsa 2025 Medical Control Board Treatment Protocols



Approved 9/04/24, Effective 1/15/25, replaces all prior versions

5C - ACUTE CORONARY SYNDROME ADULT

TREATMENT PRIORITIES

2 in 5 minutes of patient contact:

1. Vital signs
2. 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**

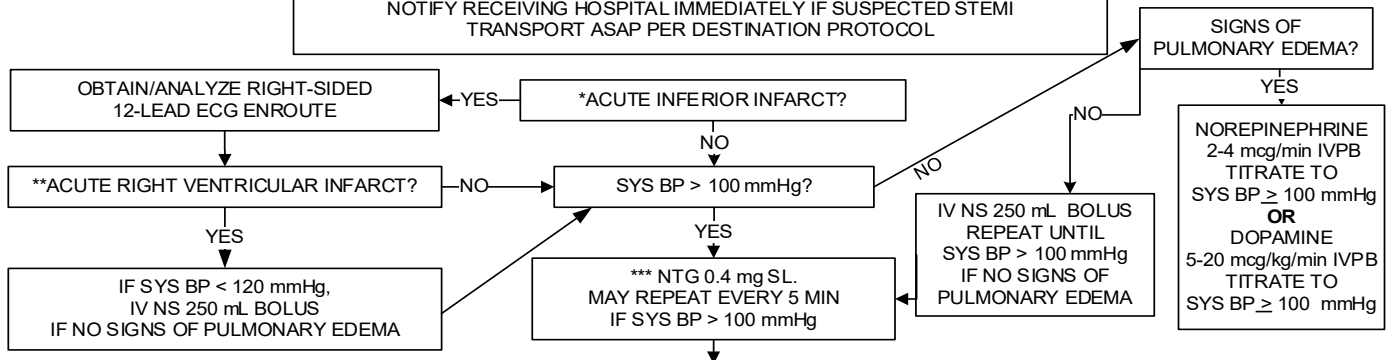
GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
AVOID O₂ VIA NC or NRB UNLESS DYSPNEA or PULSE OX < 94% AT ROOM AIR
APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped)
TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT
ASA 324/325 mg CHEWED BY PT (hold if taken < 6 hours or contraindicated)
ASSIST 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



* 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 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.