



EMS System for Metropolitan Oklahoma City and Tulsa 2020 Medical Control Board Treatment Protocols



EMS SECTION

Approved 11/6/19, Effective 1/15/20, replaces all prior versions

5A – CHEST PAIN – UNCERTAIN ETIOLOGY ADULT & PEDIATRIC

TREATMENT PRIORITIES

2 in 5 minutes of patient contact:

1. Vital signs
2. ECG rhythm (if paramedic)

5 in 10 minutes of patient contact:

1. Adult - \geq 35 years of age - ASA
2. IV (If EMT-I85 or higher)
3. Adult – 12-lead ECG
4. Adult – if ACS per Protocol 5C
5. Repeat vital signs

EMD

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

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR	EMT
<p>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: \geq 35 YEARS OF AGE; 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 \leq 100 mmHg)</p>	

EMT-I85	AEMT
<p>IV ACCESS ADULT: IV NS TKO IF SYS BP \geq 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 \geq (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</p>	

PARAMEDIC
<p>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</p> <p>ADULT: NTG 0.4 mg SL SEE CONTRAINDICATIONS TO NTG & ERECTILE DYSFUNCTION MEDICATIONS IN PROTOCOLS 5C & 16HH</p> <p>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</p> <p>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.</p> <p>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</p>