



# EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Approved 9/12/18, Effective 1/15/19, 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 O<sub>2</sub> 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

OBTAIN/ANALYZE RIGHT-SIDED 12-LEAD ECG ENROUTE

\*ACUTE INFERIOR INFARCT?

\*\*ACUTE RIGHT VENTRICULAR INFARCT?

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

SYS BP > 100 mmHg?

\*\*\* 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 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.