



## ALS STANDING ORDERS:

1. Monitor cardiac rhythm.
2. Obtain 12-lead ECG as soon as possible prior to leaving scene; if acute MI indicated or suspected, make Base Hospital contact for CVRC destination with cardiac catheterization lab open and available.
3. Administer aspirin if none of the following contraindications exists:
  - If pain directly in the mid-back, mid-line region, hold aspirin as this may be a symptom of a dissecting aorta, particularly in a patient with a history of hypertension.
  - Patient is on anticoagulant ("blood thinners") medication such as Coumadin, Pradaxa®, Effient®, and Lovenox® or antiplatelet medications such as Plavix®.
  - Patient reports history of aspirin allergy

▶ *Aspirin 4 (four) 81 mg chewable tablets (chew) or one 325 mg regular tablet to chew.*
4. Pulse oximetry; if room air O<sub>2</sub> Saturation less than 95%:
  - ▶ *Administer oxygen by mask or nasal cannula at 6 L/min flow rate, as tolerated.*
5. For initial management of suspected cardiac pain give:
  - ▶ *Nitroglycerine 0.4 mg SL if systolic BP above 90 mm/Hg; repeat approximately every 3 minutes for continued discomfort; maximum total of 3 doses if systolic BP above 90 mm/Hg (Do not include possible doses patient took prior to ALS arrival as part of 3 EMS doses).*
6. If pain unrelieved with 3 doses of nitroglycerine or nitroglycerine cannot be administered, give:
  - ▶ *Morphine Sulfate: 5 mg (or 4 mg carpupject) IV, may repeat once after approximately 3 minutes (hold if BP less than or drops below 90 systolic)*
  - OR
  - ▶ *Fentanyl 50 mcg IV, may repeat once after approximately 3 minutes for continued pain (hold if BP less than or drops below 90 systolic).*
7. For nausea or vomiting and not known or suspected to be pregnant:
  - ▶ *Ondansetron (Zofran®): ODT 8 mg (two 4 mg tablets) orally to dissolve inside of cheek, once;*
  - OR
  - ▶ *4 mg IV, may repeat 4 mg IV in approximately 3 minutes if symptoms persist.*
8. Contact Base Hospital if acute MI (STEMI) for CVRC Destination or if acute MI not suspected, paramedic escort to an appropriate ERC.

CAUTION: AN ECG THAT IS "NORMAL" OR NEGATIVE FOR STEMI DOES NOT RULE OUT AN ACUTE MI OR SERIOUS ANGINA.

Approved:

*Carl Schultz, MD*

Review Dates: 5/16, 11/16, 2/18, 12/18, 4/19  
Initial Release Date: 5/15/2019  
Final Implementation Date: 5/15/2019  
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## TREATMENT GUIDELINES:

- The following 12-lead monitor interpretations should be triaged to a CVRC :
  1. \*\*\*ACUTE MI\*\*\*
  2. \*\*\*STEMI\*\*\*
  3. Acute ST Elevation Infarct
  4. Probable Acute ST Elevation Infarct
  5. Acute Infarction
  6. Infarct, Probably Acute
  7. Infarct, Possible Acute
- Do not administer nitroglycerin if Viagra® (sildenafil), Levitra® (vardenafil), or Cialis® (tadalafil) were used by the patient in the past 24 hours.
- Intraosseous lines should be avoided for potential CVRC patients because such lines may allow for uncontrolled bleeding without the ability to compress the bleeding site if a patient receives thrombolytics.
- Angina equivalent symptoms can include, but are not limited to:
  - Unexplained sweating or diaphoresis
  - Sudden onset of general weakness
  - Unexplained shortness of breath
  - Anxiety, or vague feeling of panic
- Chest discomfort presenting as heartburn, pleuritic, or musculoskeletal pain does not rule out heart disease or acute MI. A field 12-lead ECG should be obtained as soon as possible, preferably prior to leaving scene, on any adult 45 years-old or greater who complains of the following symptoms:
  - Known history of heart disease with chest pain, chest discomfort, shortness of breath, or syncope-weakness.
  - Chest pain or chest discomfort (unrelated to injury or strain) as chief symptom.
  - Radiation of chest pain or chest discomfort to arm, shoulder, neck, jaw or back.
  - Diaphoresis.
- Base hospital contact should be made prior to leaving scene for all patients who have a 12-lead performed and elect to sign out AMA.
- If a patient is wearing a LifeVest®
  - Proceed with standard evaluation and treatment measures.
  - CPR can be performed as long as the device is not broadcasting, “press the response buttons,” or “electrical shock possible, do not touch patient,” or “bystanders do not interfere.”
  - If external defibrillation is available, remove the LifeVest® and monitor/treat the patient with the external equipment. Providers can defibrillate with the vest in place AFTER disconnecting the battery.
  - To remove the LifeVest®, first pull out the battery, then remove the garment from the patient.
  - Take vest, modem, charger, and extra battery to the hospital.

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