Information Needed:

1. Pain: nature, location, onset, intensity (1-10 scale), duration, radiation, aggravation, alleviation.
2. Associated symptoms: dizziness and lightheadedness, nausea and vomiting, diaphoresis, shortness of breath and difficulty breathing.
3. Previous History: any heart or lung problems, medications including birth control pills and sexual enhancement drugs such as Viagra, drug allergies, pregnancy hx, cancer hx, bleeding or clotting disorders, Illegal drug use or ephedra compounds.
4. Physical findings: general appearance, skin color, crackles in lungs, heart murmur, peripheral edema, leg swelling or tenderness, chest wall tenderness, abdominal tenderness, JVD, decreased peripheral pulses.

Treatment:

1. Place patient in POC.
2. If the patient is dyspneic or has an SPO_2 less than 94%, administer O_2.
3. Determine vital signs (pulse, blood pressure, respirations, SPO2)
4. Perform physical exam.
5. Perform 12 lead EKG and keep patient on cardiac monitor.
6. If it is in your scope, interpret EKG. If there is 1mm or greater ST elevation in two contiguous leads, suspect STEMI (ST-segment elevation MI) and call medical control for a **Cardiac Activation**.
7. Establish venous access and draw blood.
8. If history suggests cardiac chest pain:
    a. Give ASA, if there is no allergy or contraindication.
    b. If BP >100 systolic and there is no history of recent use of sexual enhancement drugs such as Viagra, give nitro 0.4mg sublingual one spray or tablet every five minutes until pain is minimal or systolic blood pressure falls below 100.
    c. If BP < 100 systolic, give fluid boluses and consider dopamine. Consult medical control.
    d. Where three doses of nitro at five minute intervals has not reduced pain or has caused hypotension, consider fentanyl or morphine for pain reduction.

e. Repeat 12 lead EKG after nitro therapy.

Notes

1. Suspicion of acute MI is often based entirely on history. Normal monitor strips and normal 12-lead do not exclude MI.
2. Constant observation is essential. V.Fib and V.Tach frequently occur without any warning. Shock can occur with tension pneumothorax, constrictive pericarditis, cardiac tamponade, MI, valve rupture, aneurysm, embolus, and septic pneumonia.
3. Even if STEMI is not present, but the patient has symptoms of cardiac chest pain and an abnormal EKG, give medical control a “heads up”.
4. Nitro is the first line drug for cardiac chest pain. It should be used to the maximum extent the pt’s blood pressure will allow. Fentanyl or morphine are second line for pain and should only be used once nitro has been shown to be insufficient for pain control. Fentanyl is preferred over morphine.