



<b>CHEST DISCOMFORT OR SYMPTOMS CONSISTENT WITH CARDIAC ETIOLOGY</b>	
<b>Adult</b>	
<b>BLS</b>	
Assess vital signs O <sub>2</sub> , titrate SpO <sub>2</sub> to ≥ 94%	
<b>ALS</b>	
Cardiac Monitor, 12-Lead ECG, Waveform EtCO <sub>2</sub> , Vascular Access	
For patients meeting STEMI criteria transmit the 12-Lead ECG and contact the STEMI Receiving Center with a <b>“STEMI Alert”</b> (preferably from the scene)	
<b>Aspirin 325 mg</b> chewable PO <i>*Aspirin should be administered to all patients <b>UNLESS</b> there is a history of anaphylaxis even if the patient has already taken Aspirin</i>	
<b>Chest Discomfort - SBP &gt; 100</b>	
<b>Fentanyl 50 mcg</b> SIVP <ul style="list-style-type: none"> <li>• May repeat every 5 minutes</li> <li>• Max Dose 200 mcg</li> </ul>	
<b>SBP &lt; 100</b>	
<b>Fluid Bolus NS 250 mL</b> IV <ul style="list-style-type: none"> <li>• May repeat as needed</li> </ul>	
<b>Consider</b>	
<ul style="list-style-type: none"> <li>• <b>For patients meeting STEMI Criteria consider placing D-fib pads.</b></li> <li>• Pain reduction is the goal for patients experiencing cardiac related chest discomfort.</li> <li>• Female, geriatric, and diabetic patients often have atypical pain/discomfort, have a high index of suspicion for these patients and perform early 12-Lead ECG.</li> <li>• Serial 12-Lead ECG's are encouraged.</li> </ul>	
<b>Direction</b>	
<ul style="list-style-type: none"> <li>• If there is any concern about the destination decision, transmit the 12-Lead ECG to the Base Hospital Physician for a destination decision.</li> </ul>	