

CHEST PAIN STANDING ORDER

(Non-traumatic)

Initiate immediate supportive care:

- Oxygen to keep O2 SAT >90%
- Cardiac Monitor

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Use standing orders on patients greater than 35 years of age with these symptoms:

- Dull aching or substernal chest pressure
- Possible radiation of pain/pressure to arm/neck/jaw
- Associated diaphoresis
- Associated shortness of breath
- Past medical history of cardiac disease or angina

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Standing order **should not** be used on patients with these symptoms:

- Pulmonary edema
- Hypotension (S B/P < 90 mm Hg)
- Dysrhythmias - *where ACLS might be considered*

Patient has mixed symptoms or
patient wishes to refuse

Contact medical direction
IMMEDIATELY

Patient meets criteria for standing
orders; prepare for transport

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- Administer: IV NS TKO
- If S B/P > 110 give one (1) NTG 0.4 mg SL every 5 minutes X 3 or until pain relieved; hold NTG if B/P drops below 90mm Hg
- If pain unrelieved by NTG, administer Morphine Sulfate 2 – 5 mg IV every 5 minutes to a maximum dose of 20 mg
- If S B/P drops below 90mm Hg – place pt in supine position with legs elevated (shock position) & give 250 cc fluid bolus
- Aspirin : 4 pediatric chewable
- Send 12-lead ECG, if available
- For nausea or vomiting administer Ondansetron:
ADULT: IV 4mg over 2-5 min. May repeat once after 15 min if no response.

STEMI Alert:

If the EMS provider or the computerized interpretation identifies ST segment elevation or an acute MI, the facility should be given this information in addition to the usual pre-arrival notification information.
Please specify to MEDS if information is from 3-lead, 12-lead, or clinical impression.