

CHEST PAIN STANDING ORDER

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

Patient meets criteria for standing orders; prepare for transport

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- Administer Aspirin : 4 pediatric chewable
- Administer: IV NS TKO
- If Systolic BP > 110 give one (1) NTG 0.4 mg SL every 5 minutes X 3 or until pain relieved; hold NTG if BP 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 Systolic BP drops below 90mm Hg – place pt in supine position with legs elevated (shock position) and give 250 cc NS fluid bolus
- 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.

For STEMI patients in outlying areas with a transport time of greater than 30 minutes to a facility with cardiac catheterization available, transport the patient to the closest facility or, consider air transport directly to the specialty center. In SAEMS: all Tucson metropolitan hospitals