

Southeast Michigan Regional Protocol

Genesee, HEMS (Wayne), Lapeer, Macomb, Oakland, and Washtenaw/Livingston MCA's

Chest Pain/Suspected Acute Myocardial Infarction

The goal is to reduce cardiac workload and to maximize myocardial oxygen delivery by reducing anxiety, appropriately oxygenating and relieving pain.

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. Inquire of all patients (male and female) if they have taken Viagra (sildenafil citrate) or similar medications in the last 48 hours. If yes, **DO NOT ADMINISTER NITROGLYCERIN**.
3. Assist patient in the use of their own Nitroglycerin sublingual tabs or spray, (check expiration date) if available and if the patient's systolic BP is above 120 mmHg, for a maximum of 3 doses.
4. Assist patient in the use of their own aspirin, up to 325 mg.

EMT/SPECIALIST/PARAMEDIC

5. Do not delay transport.

SPECIALIST/PARAMEDIC

6. Start an IV NS KVO. If the patient has a systolic BP of less than 100 mmHg, administer a NS fluid bolus in 250 ml increments and reassess.

PARAMEDIC

7. Obtain 12-lead ECG if available, and follow local MCA transport protocol. Convey the results to the receiving facility ASAP.
8. Administer nitroglycerin 0.4 mg sublingual if systolic BP is above 100 mmHg. Dose may be repeated at five-minute intervals if chest pain persists and systolic BP remains above 100 mmHg or to a maximum of 3 doses. This may be done prior to IV placement if systolic BP is 120 mm Hg or above.
9. Administer aspirin 324 mg (chew and swallow).
10. If pain persists, administer Morphine Sulfate 4 mg IV, followed by 2 mg increments every 5 minutes up to 10 mg as long as systolic BP remains above 100 mmHg.