

# Chest Pain, Suspected Acute Coronary Syndrome

## 12 Lead ECG criteria

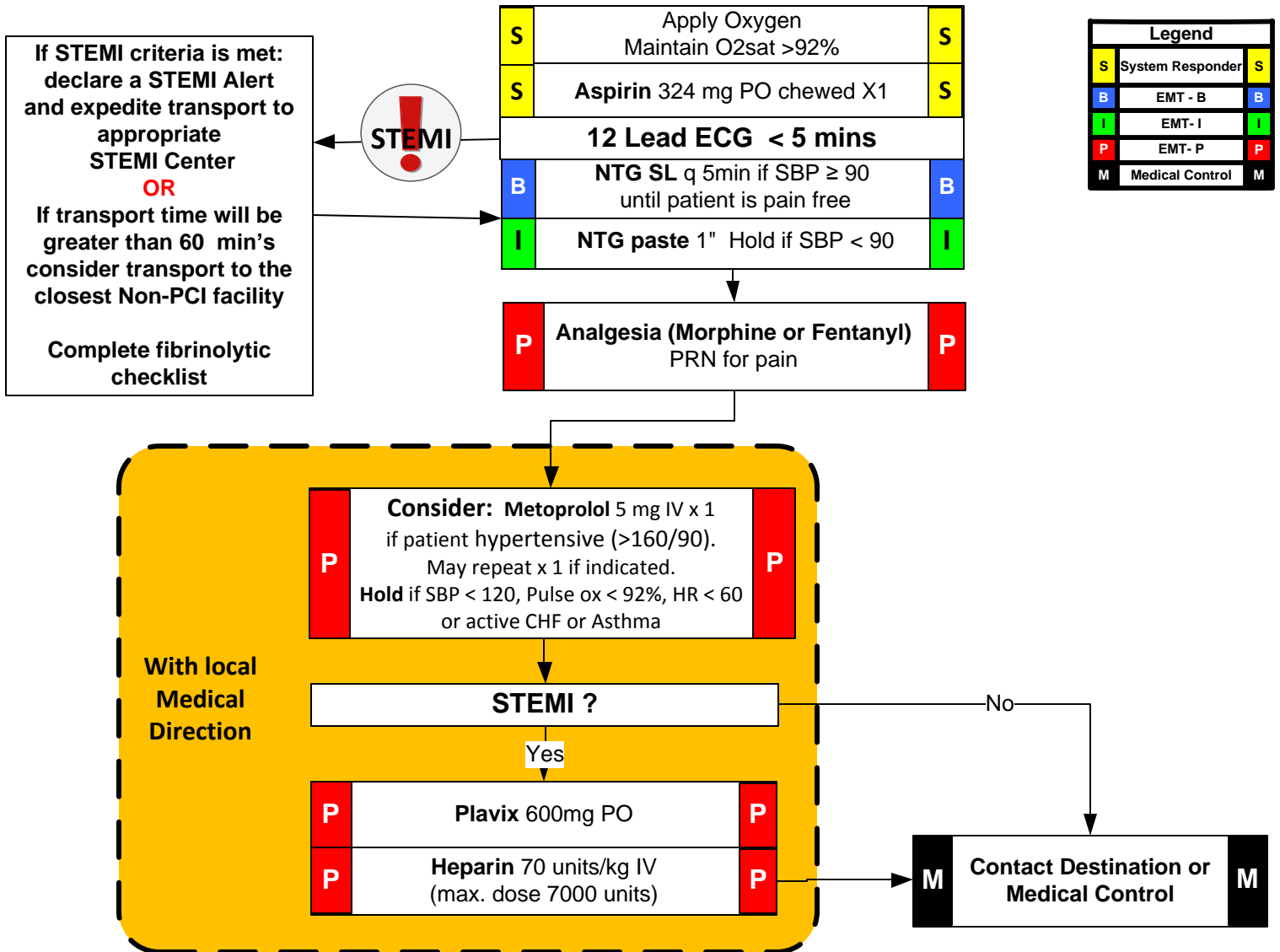
Patients >20 years old experiencing any signs and symptoms listed  
Or any age patient with signs and symptoms and history of:  
Cardiac disease  
Family history of early heart disease  
Diabetes mellitus  
Sever obesity  
Recent cocaine use  
**WHEN IN DOUBT, DO THE ECG !**

## Signs & Symptoms

Chest pain (any pain between the navel and jaw)  
Chest pressure, discomfort or tightness  
Complaints of "heart racing" or "too slow"  
Syncope  
Severe weakness in patients > 45 years old  
New onset stroke symptoms  
Difficulty breathing (with no obvious cause)

## STEMI Criteria

Signs / Symptoms of Acute Coronary Syndrome (ACS)  
-----AND-----  
ST segment elevation of 1mm or more in two contiguous leads  
  
\* If ST elevation inconclusive, isolated to V1-V2, or LBBB then consult with physician



Legend		
S	System Responder	S
B	EMT - B	B
I	EMT - I	I
P	EMT - P	P
M	Medical Control	M

## Pearls:

- Do not administer Nitroglycerin in any patient who has used Viagra (sildenafil) or Levitra (vardenafil) in the past 24 hours or Cialis (tadalafil) in the past 36 hours due to potential severe hypotension
- Target: Contact to Balloon time is less than 90 minutes. If geography or hazards exists that would cause transport times to exceed 60 minutes – Consider Air Transport.
- If patient has ECG changes, or is going directly to cardiac cath lab, establish a second IV if possible.
- Monitor for hypotension and respiratory depression after administration of Nitroglycerin, Metoprolol, Morphine and Fentanyl.
- Females, diabetics and geriatric patients often have atypical pain, or only generalized complaints.
- Hypersympathetic state from amphetamine, cocaine or PCP use usually presents with sustained HR >120 bpm and HTN
- Contraindications to Heparin or Plavix is allergy to the medication or Thrombocytopenia / history of HIT (Heparin Induced Thrombocytopenia)