

Suspected Myocardial Infarction (Adult)**CFR AND ALL PROVIDER LEVELS**

1. ABCs and vital signs.
2. Airway management, and appropriate oxygen therapy.
3. Do not permit physical activity.
4. Place patient in a position of comfort.
5. Administer 324 mg chewable Aspirin*, orally (PO), if trained to do so.

● CFR STOP**EMT**

6. Request ALS assistance, Do NOT delay transport.
7. Begin transport procedures.
 - a. If ALS arrival time exceeds transport time or is unknown, the patient should be transported.
8. During transport or while awaiting ALS:
 - a. If the patient requests, assist the patient with their prescribed Nitroglycerin*, up to 3 doses, 5 minutes apart, provided the patient's systolic BP remains above 120 mmHg.

● EMT STOP**Paramedic**

9. Begin cardiac monitoring.
10. Perform, record and evaluate 12 lead EKG.
11. Initiate transport.
12. Intravascular access.
13. Monitor vital signs every 2-3 minutes.
14. If chest pain persists, administer a Nitroglycerin* Tablet 1/150 grain or Spray 0.4 mg, sublingually, every 5 minutes, as long as systolic blood pressure remains 100 mmHg or higher.

● Paramedic STOP**Key Points / Considerations**

1. Acute coronary syndrome is a term used for any condition brought on by sudden reduced blood flow to the heart.
2. Treat an unstable dysrhythmia prior to initiation of a 12 lead EKG.
3. For patients exhibiting ST-elevation, refer to General Operating Procedures – Transportation Decisions and Procedures: STEMI Patients
4. Aspirin should NOT be enteric coated.
5. ***Drug Advisories:**
 - a. **Aspirin** – should **not** be administered to patients with known hypersensitivity to aspirin. Gastrointestinal complaints are **not** a contraindication.
 - b. **Nitroglycerin** – shall not be administered to patients who have used erectile dysfunction medications within the past 72 hours, unless otherwise directed by Online Medical Control.