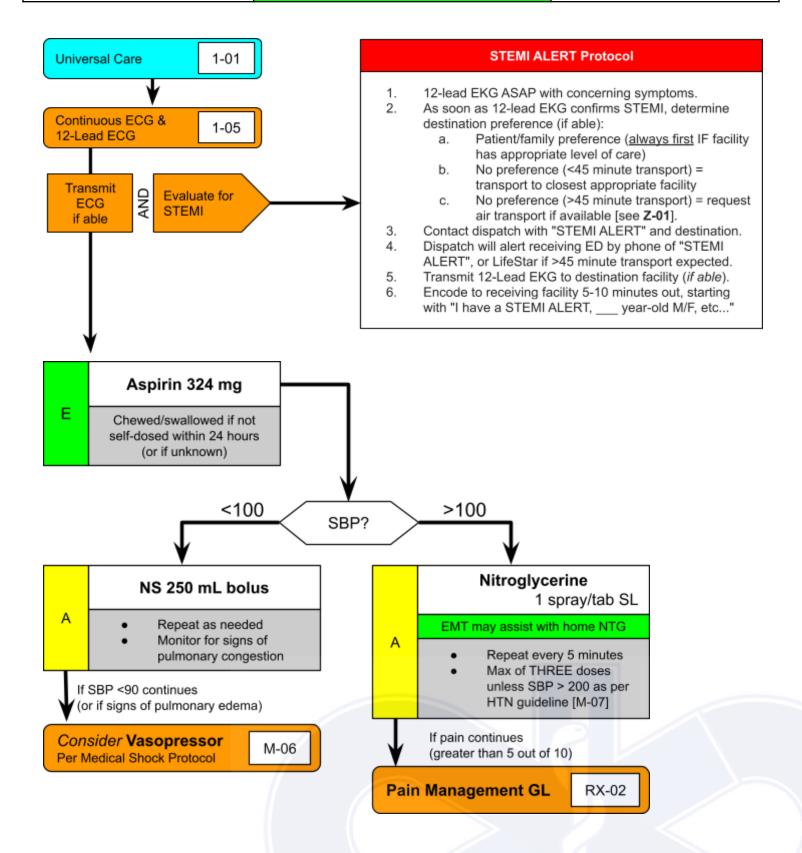
C-06 CHEST PAIN/STEMI

Edited: 5/2019

EMT or AEMT may run and transmit 12-lead EKG's when service specific training is provided.





C-06 CHEST PAIN/STEMI

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NOTES:

- EMT/AEMT may **run and transmit** 12-lead EKG's after service specific training.
 - EMT/AEMT cannot base treatment decisions on the 12-lead EKG.
 - For patients with symptoms concerning for STEMI, notify the receiving ED that the 12-lead was transmitted so that it can be interpreted and STEMI code activated if appropriate.
- Do not administer Nitroglycerin in any patient who has used an erectile dysfunction medication due to potential severe hypotension:
 - Viagra (sildenafil) or Levitra (vardenafil) in the past 24 hours, or
 - Revatio (sildenafil)--used for pulmonary hypertension--in the past 24 hours, or
 - Cialis (tadalafil) in the past 48 hours.
- Diabetics and geriatric patients often have atypical pain, or only generalized complaints such as abdominal pain, nausea, indigestion, back pain, etc.
- Hypersympathetic state from stimulant abuse (e.g. cocaine or methamphetamine) usually
 presents with sustained HR >120 bpm and HTN. If chest pain occurs in setting of stimulants
 utilize benzodiazepine per Excited Delirium [F-01] /Sedation [RX-03] Protocol in addition to
 above.

QI Review Parameters (Chest Pain):

- 1. 12-Lead ECG performed and attached to PCR?
- 2. Appropriate Interpretation of 12-Lead ECG? (Within reason)
- 3. ASA given (or documented "given PTA" or allergy)?
- 4. Male Only: Viagra, Cialis or other erectile dysfunction drug use in past 24 hours documented?
- 5. NTG given appropriately?

QI Review Parameters (STEMI):

Edited: 5/2019

- Appropriate EKG Interpretation of STEMI?
- 2. 12-Lead Run within 10 minutes of Patient Contact?
- 3. EKG Transmitted to Destination?
- 4. Destination Facility notified of "STEMI Alert"? (via dispatch or direct contact)