

Chest Pain/  
Discomfort

Initiate Assessment

- Interview and subjective assessment
- Vital signs
- O<sub>2</sub> Sat and CO<sub>2</sub> if available
- Pre-treatment 12-Lead ECG
- Focused History (SAMPLE, OPQRST)
- Identify cardiac risk factors and contraindications
- Physical exam
- Old ECG and Cardiologist name

12-Lead ECG  
Diagnostic?

Yes

STEMI?

No

Cardiac Alert?

Yes

No

Notify Hospital from  
bedside and advise  
Cardiologist name if  
available. Transmit  
via LifeNet or  
Twiage if available

Continue  
assessment  
Repeat 12 Lead  
Notify hospital of  
alert.

No

Begin Appropriate  
Treatment and  
Transport

Oxygen

O<sub>2</sub> Sat  
>92% - NC  
<92% - NRB

Aspirin

Aspirin allergy or  
taken in the past  
4 hours?

YES WITHHOLD YES

NO

Baby Aspirin 162-  
324 mg chewed

Nitroglycerin

Use of Erectile  
Dysfunction  
meds in the last  
48 hours?

YES WITHHOLD YES

NO

Systolic BP > 110  
mm Hg?

YES

NO

SL NTG 0.4 mg every  
5 min. Monitor BP

Consider NTG Drip  
for Pain Control

If systolic BP <80  
mmHg administer  
fluid bolus 200-300  
ml titrate for BP  
above 90

BP Improved?

NO

Administer  
Dopamine 5-20  
mcg/kg/min. Titrate  
for BP above 90

Morphine

Consider Morphine  
and titrate for effect  
for pain control

BEGIN TRANSPORT AT ANY POINT WHEN READY

POST-TREATMENT ECG AND/OR 12-LEAD ANYTIME AFTER THERAPY