Treat any patients with the following chief complaints as suspected ACS unless otherwise ordered.

- Chest pain or pressure in any patient > 25 years of age.
- Syncopal episode in any patient > 25 years of age.
- Unexplained respiratory distress.
- Atypical chest pain or anginal equivalents (i.e. shoulder, arm, or jaw pain) in absence of chest pain, especially in patients having past cardiac history, irregular pulse, diabetes and in the elderly.
- In young adults, consider history of cocaine and methamphetamine use.
- Diabetic patients presenting with weakness or nausea.

*NOTE: If patient has taken an erectile dysfunction drug such as Viagra, Cialis, or Levitra within the last 72 hours contact medical direction prior to giving NITROGLYCERIN*

**Basic Treatment Guidelines:**
Follow initial protocols for all patients.

**Advanced Treatment Guidelines:**
*AS THE FIRST PRIORITY, A 12-LEAD ECG IS PERFORMED. IN ANY PATIENT WITH A ST SEGMENT MI (STEMI), THE PRIORITY BECOMES GETTING THE PATIENT TO THE APPROPRIATE FACILITY FOR REPERFUSION THERAPY WHILE SIMULTANEOUSLY PERFORMING APPROPRIATE TREATMENTS.*

1. If not completed prior to EMS arrival and there is no suspicion of Thoracic Aorta Dissection:
   - Administer ASPIRIN 324 mg orally.
2. Perform 12 lead ECG and continue to monitor ECG and treat dysrhythmias following appropriate protocol.
• If inferior ST elevation perform V4, V5, V6 R.
• If consistent with Right Ventricular MI treat cautiously with NITROGLYCERIN SL; preferably with NITROGLYCERIN infusion 5 mcg/min titrate to effect increasing dose by 5 mcg/min and maintain blood pressure > 90 mm/Hg systolic.

3. Administer NITROGLYCERIN 0.4 mg SL (tab or spray) if blood pressure is >90 mm/Hg systolic, initial dose of NITROGLYCERIN may be given synchronously with IV initiation.

4. Without signs of ST abnormalities, repeat NITROGLYCERIN SL every 3-5 minute for 3 total doses, as long as blood pressure remains > 90 mm/Hg systolic. After 3 doses of NITROGLYCERIN SL, initiate NITROGLYCERIN infusion starting at 10 mcg/minute. Titrate to effect increasing dose by 5 mcg/min increments and maintain blood pressure > 90 mm/Hg systolic.

5. Initiate NITROGLYCERIN infusion immediately if patient presents with ST abnormalities. Starting at 10 mcg/min, titrate to effect increasing dose by 5 mcg/min increments and maintain blood pressure > 90 mm/Hg systolic.

6. Following initial dose of NITROGLYCERIN SL and/or initiation of NITROGLYCERIN drip, administer FENTANYL CITRATE 0.5 to 1.0 mcg/kg IV max initial dose 150 mcg repeat once for pain control, while maintaining blood pressure > 90 mm/Hg systolic or a total max dose of 200 mcg FENTANYL CITRATE has been administered.

Contact the receiving facility to initiate a Cardiac Alert As Soon As Possible when:
*Note: ALL Iowa Paramedics can initiate Cardiac Alerts.

• ST segment elevation in two or more anatomically contiguous leads and onset of symptoms less than 12 hours.

Contact receiving facility medical control and request an ED physician for a Cardiac Alert. Give the physician a report with patient findings.

Left Bundle Branch Blocks = QRS > 120 ms with the presence of anginal equivalents do not meet criteria for initiation of Cardiac Alert. These cases should be transported to a cardiac catheterization capable facility and consultation with ED physician should be established as soon as possible to begin a review of previous ECGs.