

CHEST PAIN STANDING ORDER

Initiate immediate supportive care:

- Oxygen to keep O₂ sat ≥ 94%

INCLUSION

Use standing order on patients > 35 years of age with any of these symptoms:

- Dull, aching or substernal epigastric pain / pressure
- Radiation of pain / pressure to arm, shoulder, neck, jaw or back
- Associated diaphoresis and / or shortness of breath

EXCLUSION

Standing order **should not** be used on patients with these conditions:

- Dysrhythmias – where ACLS protocols might be considered
- Pregnancy
- Pulmonary edema (Follow [CHF / Volume Overload Dyspnea SO](#))

ORDERS

BLS Care:

- Administer Aspirin: Give 324 mg - 325 mg (chewable tablets), if patient has not already taken PTA
- Initiate IV NS/LR @ TKO (if permitted)
- Acquire and send 12-lead ECG (if permitted)
- Assist pt in self-administration of their own NTG (Refer to **NTG Order** under **ALS Care**)

Assess for Hemodynamic Instability

If unstable, contact Medical Direction Authority

ORDERS

ALS Care:

- Follow BLS orders
- Cardiac Monitor
- Obtain and send 12-lead ECG, if available
- If Systolic BP > 110, assist pt in self-administration of their own NTG or give one (1) **NTG** 0.4 mg SL every 5 minutes until pain relieved OR to a maximum of 3 doses; hold NTG if BP < 90 Systolic
- If pain unrelieved by NTG, administer **Morphine Sulfate** 2 – 5 mg IV every 5 minutes until pain relieved OR to a maximum dose of 20 mg; hold Morphine if BP < 90 Systolic
- If BP < 90 Systolic – place pt in supine position with legs elevated (shock position) & give 250 ml NS fluid bolus
- For nausea and/or vomiting follow [Nausea/Vomiting/Diarrhea SO](#)

If STEMI*:

- Notify receiving facility with STEMI Alert.
Please specify if information is from 3-lead, 12-lead, or clinical impression.
- Expedite transport to the closest certified chest pain center.
In Tucson these centers are: NMC, OVH, TMC, SJH, SMH, VA, Banner UMC-Tucson and South Campus.

If **no** ST elevation on ECG:

Transport to the closest facility.

Special Note: For STEMI patients in outlying areas with a transport time of greater than 30 minutes to a certified chest pain center with cardiac catheterization available, transport the patient to the closest facility, or consider air transport directly to the specialty center.

*STEMI – patient with CP or *anginal equivalent*** with ST segment elevation of 1 mm or more in two or more contiguous leads.

** Atypical CP, dyspnea, extreme fatigue and/or diaphoresis.