

# CHEST PAIN STANDING ORDER

Initiate Immediate Supportive Care: oxygen to maintain O2 sat  $\geq$  94%

## INCLUSION

Use standing order on patients > 35 years old with any of the following symptoms:

- Dull, aching or substernal epigastric pain/pressure
- Radiation of pain/pressure to arm, shoulder, neck, jaw of 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

ALS Care:

- Cardiac Monitor
- Obtain and send 12-lead ECG, if available
- If Systolic BP > 110, administer nitroglycerine 0.4 mg SL or spray (may repeat 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
- For nausea and/or vomiting follow [Nausea/Vomiting/Diarrhea SO](#)

## ORDERS

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 with 24/7 cath lab availability.

**In Tucson these centers are: NMC, OVH TMC, SJH, SMH, Banner UMC-TC and UMC-SC.**

**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 (atypical CP, dyspnea, extreme fatigue and/or diaphoresis) with ST segment elevation of 1 mm or more in two or more contiguous leads.