Washington State Emergency Cardiac and Stroke System
Suspected Acute Coronary Syndrome (ACS)
Prehospital Protocol Guidelines

Basic Life Support Protocol Guidelines for Acute Coronary Syndrome

I. Scene Size-Up/Initial Patient Assessment
   - A) Monitor/support ABC's
   - B) Be prepared to provide CPR/defibrillation

II. Focused History and Physical Exam
   - A) Assess patient for signs and symptoms of Acute Coronary Syndrome (ACS)
     - **Chest discomfort** (pressure, crushing pain, tightness, heaviness, cramping, burning, aching sensation), usually in the center of the chest lasting more than a few minutes, or that goes away and comes back.
     - **Epigastric (stomach) discomfort,** such as unexplained indigestion, belching, or pain.
     - **Shortness of breath** with or without chest discomfort.
     - **Radiating pain or discomfort in 1 or both arms,** neck, jaws, shoulders, or back.
     - **Other symptoms** may include sweating, nausea, vomiting.
     - **Women, diabetics, and geriatric patients** might not have chest discomfort or pain. Instead they might have nausea/vomiting, back or jaw pain, fatigue/weakness, or generalized complaints.

   - B) If possible ACS patient – request ALS response or arrange ALS rendezvous
     Optional in areas without ALS or 12-lead capable ILS: Perform 12-lead ECG according to local operating procedures, and alert receiving facility with results; repeat ECG if signs or symptoms change.
   - C) Limit scene time with goal of ≤ 15 minutes

III. Management
   - A) Administer oxygen
   - B) Administer 160 to 325 mg nonenteric-coated aspirin, crushed or chewed (unless allergy history)
   - C) Assist patient with own nitro
     Contraindications:
     - SBP <90 mm Hg.
     - Severe bradycardia (heart rate < 50/min) or tachycardia (>100/min)
     - Erectile dysfunction drugs taken within 48 hours.
       Cautions:
     - Borderline hypotension (SBP 90 to 100 mm Hg)
     - Borderline bradycardia (HR<60/min)

IV. Ongoing Assessment

V. Transport according to Prehospital Cardiac Triage Destination Procedure, regional patient care procedures, and county operating procedures (if applicable).

Intermediate Life Support Protocol Guidelines for Acute Coronary Syndrome

I. Scene Size-Up/Initial Patient Assessment
   A) Monitor/support ABC's
   B) Be prepared to provide CPR/defibrillation

II. Focused History and Physical Exam
   A) Assess patient for signs and symptoms of Acute Coronary Symptom (ACS)
   - **Chest discomfort** (pressure, crushing pain, tightness, heaviness, cramping, burning, aching sensation), usually in the center of the chest lasting more than a few minutes, or that goes away and comes back.
   - **Epigastric (stomach) discomfort,** such as unexplained indigestion, belching, or pain.
   - **Shortness of breath** with or without chest discomfort.
   - **Radiating pain or discomfort in 1 or both arms,** neck, jaws, shoulders, or back.
   - **Other symptoms** may include sweating, nausea, vomiting.
   - **Women, diabetics, and geriatric patients** might not have chest discomfort or pain. Instead they might have nausea/vomiting, back or jaw pain, fatigue/weakness, or generalized complaints.
   B) If possible ACS patient – request ALS response or arrange ALS rendezvous
   C) If available, perform 12-lead ECG according to local operating procedures, and alert receiving facility with results; repeat ECG if signs or symptoms change.
   D) Limit scene time with goal of ≤ 15 minutes

III. Management
   A) Administer oxygen
   B) Administer 160 to 325 mg nonenteric-coated aspirin, crushed or chewed (unless allergy history)
      Administer nitro
      Contraindications:
      - SBP <90 mm Hg
      - Severe bradycardia (heart rate < 50/min) or tachycardia (>100/min)
      - Erectile dysfunction drugs taken within 48 hours
      Cautions:
      - Borderline hypotension (SBP 90 to 100 mm Hg)
      - Borderline bradycardia (HR<60/min)
   C) IV access (do not delay transport to gain IV access)

IV. Ongoing Assessment
V. Transport
   A) Transport according to Prehospital Cardiac Triage Destination Procedure, regional patient care procedures, and county operating procedures (if applicable).
   B) IV, NTG

Advanced Life Support Protocol Guidelines for Acute Coronary Syndrome

I. Scene Size-Up/Initial Patient Assessment
    A) Monitor/support ABC's
    B) Be prepared to provide CPR/defibrillation

II. Focused History and Physical Exam
    A) Assess patient for signs and symptoms of ACS
        - **Chest discomfort** (pressure, crushing pain, tightness, heaviness, cramping, burning, aching sensation), usually in the center of the chest lasting more than a few minutes, or that goes away and comes back.
        - **Epigastric (stomach) discomfort,** such as unexplained indigestion, belching, or pain.
        - **Shortness of breath** with or without chest discomfort.
        - **Radiating pain or discomfort in 1 or both arms,** neck, jaws, shoulders, or back.
        - **Other symptoms** may include sweating, nausea, vomiting.
        - **Women, diabetics, and geriatric patients** might not have chest discomfort or pain. Instead they might have nausea/vomiting, back or jaw pain, fatigue/weakness, or generalized complaints.

    B) 12-lead ECG (repeat ECG if signs or symptoms change)
    C) Limit scene time with goal of ≤ 15 minutes

III. Management
    A) Notify receiving hospital with transmission or interpretation of ECG
    B) Administer oxygen
    C) Administer 160 to 325 mg nonenteric-coated aspirin, crushed or chewed (unless allergy history)
    D) Administer nitro
       Contraindications:
        - SBP <90 mm Hg
        - Severe bradycardia (heart rate < 50/min) or tachycardia (>100/min)
        - Erectile dysfunction drugs taken within 48 hours
       Cautions:
        - Borderline hypotension (SBP 90 to 100 mm Hg)
        - Borderline bradycardia (HR<60/min)
    E) IV access
    F) Administer opiates as needed for pain control
    G) Complete fibrinolytic checklist (recommended)
    H) Consider field fibrinolysis if transport time ≥ to 60 minutes and acute symptom onset ≥ to 3 hours

IV. Ongoing Assessment
    A) Cardiac Bio Markers (optional)
    B) Repeat ECG every 15 minutes

V. Transport
    A) Transport according to Prehospital Cardiac Triage Destination Procedure, regional patient care procedures, and county operating procedures (if applicable).
    B) IV, NTG