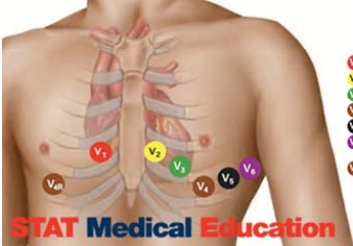


**Universal Patient Care Protocol**

Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

**Positive Acute MI (STEMI = 2mm ST Segment Elevation in 2 Contiguous Leads)**



- V<sub>1</sub> 4<sup>th</sup> intercostal space to the right of the sternum
- V<sub>2</sub> 4<sup>th</sup> intercostal space to the left of the sternum
- V<sub>3</sub> directly between the leads V<sub>2</sub> & V<sub>4</sub>
- V<sub>4</sub> 5<sup>th</sup> intercostal space at midclavicular line
- V<sub>5</sub> level with V<sub>4</sub> at left anterior axillary line
- V<sub>6</sub> level with V<sub>4</sub> at left midaxillary line (directly under the midpoint of the armpit)
- V<sub>7</sub> 5<sup>th</sup> intercostal space, right midclavicular line



- RA Right Arm
- LA Left Arm
- RL Right Leg
- LL Left Leg

**STAT Medical Education**

<b>EMR</b>	<ol style="list-style-type: none"> <li>1. Determine patient level of consciousness.</li> <li>2. Establish and confirm airway patency.</li> <li>3. Assess breathing and circulation/skin color.</li> <li>4. Pulse ox if available</li> <li>5. Oxygen: Consider titrating the O<sub>2</sub> to maintain SpO<sub>2</sub> to 94%.</li> <li>6. Vital signs – repeat every 5 minutes if not stable, 15 minutes if stable.</li> <li>7. <b>Aspirin (ASA):</b> 324mg by mouth (4 tablets of 81 mg chewable). ASK specifically about hypersensitivity to aspirin. DO NOT give with active ulcer disease, asthma, or known allergy.</li> </ol>	<b>EMR</b>
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<b>EMT</b>	<ol style="list-style-type: none"> <li>1. Continue EMR care.</li> <li>2. Apply cardiac monitor, obtain 12-lead EKG if indicated by chief complaint, and transmit to receiving facility (if equipped). It is beyond the scope of the EMT to monitor, interpret 12-leads or cardiac rhythms.</li> <li>3. <b>Nitroglycerin</b> sublingual tabs, or spray 0.4mg (if SBP &gt; 100 mmHg, patient continues to have chest pain, may repeat x3).</li> <li>4. Transmit EKG and Contact Medical Control as soon as possible regardless of EKG transmission.</li> <li>5. Initiate ALS or ILS intercept as soon as possible.</li> <li>6. <b>Zofran:</b> 4mg ODT for nausea/vomiting</li> </ol>	<b>EMT</b>
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<b>I</b>	<ol style="list-style-type: none"> <li>1. Continue EMT care.</li> <li>2. Initiate IV/IO Normal Saline TKO or saline lock.</li> <li>3. Follow appropriate protocol for abnormal rhythms.</li> <li>4. If SBP &lt; 90 mmHg, lungs clear, administer 20mL/kg fluid bolus IV – REASSESS – if no improvement, repeat if lung sounds remain clear.</li> <li>5. <b>If patient continues to have pain, contact medical control for order for opiate use:</b> <b>Fentanyl</b> 50mcg IV OVER 2 MINUTES for pain, repeat x 1 for total dose of 100mcg <b>Fentanyl</b> 50mcg (See <b>Fentanyl</b> Intranasal Dosing Chart) CONTRAINDICATED if SBP &lt; 100 mmHg OR HR &gt; 130</li> <li>6. <b>Zofran:</b> 4mg IV OVER 2 MINUTES for nausea/vomiting. May be repeated in 10 minutes if transport time allows.</li> <li>7. Initiate ALS intercept if necessary and transport as soon as possible.</li> </ol>	<b>I</b>
<b>MC</b>		<b>MC</b>

<b>P</b>	<ol style="list-style-type: none"> <li>1. Continue ILS care. Nitro Paste may be used (1" to anterior chest) if SBP &gt; 100mmHg.</li> <li>2. If patient continues to have pain: <b>Fentanyl</b> 50 mcg IV OVER 2 MINUTES for pain, repeat x 1 for total dose of 100mcg –OR– <b>Fentanyl</b> 50mcg IN (only 1 mL per nostril) CONTRAINDICATED if SBP &lt; 100 mmHg OR HR &gt; 130 <b>Dilaudid</b> 0.5mg IV/IO OVER 2 MINUTES. May repeat every 5 minutes up to 2mg if SBP &gt; 100</li> <li>3. <b>Zofran:</b> 4mg IV OVER 2 MINUTES for nausea/vomiting. May be repeated in 10 minutes if transport time allows.</li> <li>4. Transport as soon as possible (should be done early in patient care with treatment en route).</li> <li>5. Contact receiving hospital as soon as possible.</li> </ol>	<b>P</b>
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**\*\* NOTE** Do not give **Nitroglycerin** to patients who have taken sexual enhancement medications within past 72 hours. **NTG self-administered prior to EMS should be reported to Medical Control.** Further doses should be from EMS stock.