UnityPoint Health
EMS System

Universal Cardiac Care Thinking Points

History:
- Age
- Medications
- Viagra, Levitra, Cialis (within 72hr)
- Past medical history (MI, Angina, Diabetes, Post Menopausal)
- Allergies (Aspirin, Opiates, Lidocaine)
- Recent physical exertion
- Provocation
- Quality (cramp, constant, sharp, dull, etc)
- Radiation
- Severity (1 – 10)
- Time (onset/duration/repetition)
- DNR Status

Signs and Symptoms
- Substernal chest pain/pressure
- Heaviness, tightness or discomfort in chest
- Radiation and/or pain/discomfort to the neck or jaw
- Pain/discomfort/weakness in shoulders/arms
- Consider atypical presentation in diabetics, females, or special populations
- Nausea/vomiting
- Diaphoresis
- Dyspnea
- Time of Onset

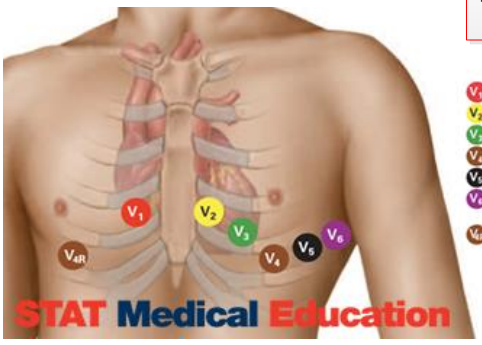
Priorities of Care
- Assessing/securing ABCs
- Determine quality/severity of distress
- Identify contributing factors
- Obtaining medical history (including medications & allergies)

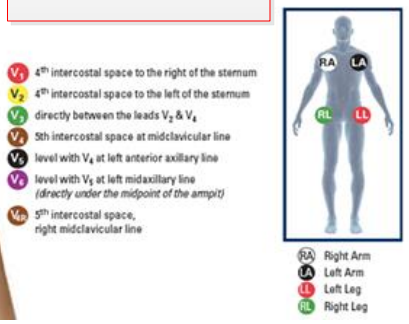
Possible Considerations
- Trauma vs. Medical
- Myocardial Infarction
- Pericarditis
- Pulmonary embolism
- Asthma/COPD
- Pneumothorax
- Aortic dissection or aneurysm
- GE reflux or hiatal hernia
- Esophageal spasm
- Chest wall injury
- Pleural pain
- Tox (Cocaine or Methamphetamine)

Cardiogenic Shock Signs and Symptoms
- Pain heaviness, tightness or discomfort in chest with hypotension (SBP < 100mmHg)
- Rales or crackles (wet lung sounds)
- Pedal edema
- Dyspnea
- Diaphoresis
- Nausea/Vomiting
- Time of Onset

Priorities of Care
- Assessing/securing ABCs
- Determine quality/severity of distress
- Identify contributing factors
- Obtaining medical history (including medications & allergies)

TKO=8-15gtts/min





Cardiac Arrest Thinking Points

- **If the patient is not conscious and not breathing adequately then start CPR.**
- **If the cardiac arrest is witnessed by EMS personnel, start CPR and defibrillate immediately if indicated.**
- **Compressions should be between 100-120 per minute, ensuring adequate depth and recoil of the chest. There should minimal interruptions in compressions.**
- Patient with implanted pacemakers or defibrillators (AICDs) are treated the same as any other patient.
- A 20mL fluid bolus should be given after each medication to flush the IV line.

Possible Causes of PEA
- **Hypovolemia**
- **Hypoxia**
- **Hydrogen ion (acidosis)**
- **Hypo/Hyperkalemia**
- **Hypothermia**
- **Pneumothorax**
- **Tamponade**
- **Toxins**
- **Thrombosis (pulmonary)**
- **Thrombosis (coronary)**

- **Treat the patient, not the monitor. A rhythm on the monitor should NOT be used to determine pulse.**
- When changing to ALS monitoring equipment, attach defibrillation cables prior to disconnecting the AED.
- Resuscitation and treatment decisions are based on the duration of the arrest, physical exam and the patient's medical history. Consider cease-effort orders if indicated.
- Consider underlying etiologies and treat according to appropriate protocols.