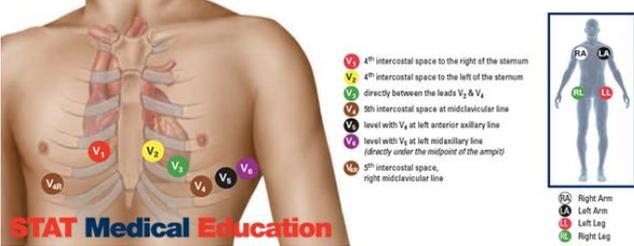


**Universal Patient Care Protocol**

Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

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



**STAT Medical Education**

<b>EMR</b>	<ol style="list-style-type: none"> <li>Determine patient level of consciousness.</li> <li>Establish and confirm airway patency.</li> <li>Assess breathing and circulation/skin color.</li> <li>Pulse ox if available</li> <li>Oxygen: Consider titrating the O2 to maintain SpO2 to 94%.</li> <li>Vital signs – repeat every 5 minutes if not stable, 15 minutes if stable.</li> <li><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>Continue EMR care.</li> <li>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><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>Transmit EKG and Contact Medical Control as soon as possible regardless of EKG transmission.</li> <li>Initiate ALS or ILS intercept as soon as possible.</li> </ol>	<b>EMT</b>
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<b>I</b>	<ol style="list-style-type: none"> <li>Continue EMT care.</li> <li>Initiate IV/IO Normal Saline TKO or saline lock.</li> <li>Follow appropriate protocol for abnormal rhythms.</li> <li>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>If patient continues to have pain, contact medical control for order for opiate use: <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>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>Continue ILS care. Nitro Paste may be used (1" to anterior chest) if SBP &gt; 100mmHg.</li> <li>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><b>Zofran:</b> 4mg IV OVER 2 MINUTES for nausea/vomiting. May be repeated in 10 minutes if transport time allows.</li> <li>Transport as soon as possible (should be done early in patient care with treatment en route).</li> <li>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 Medial Control.** Further doses should be from EMS stock.