



# EMS System for Metropolitan Oklahoma City and Tulsa 2024 Medical Control Board Treatment Protocols



Approved 11/08/23, Effective 1/15/24, replaces all prior versions

## 5C - ACUTE CORONARY SYNDROME ADULT

**TREATMENT PRIORITIES**

2 in 5 minutes of patient contact:

1. Vital signs
2. ECG rhythm (if paramedic present)

5 in 10 minutes of patient contact:

1. ASA
2. IV
3. 12 lead ECG
4. NTG or fluids (BP/Inf. MI?)
5. Repeat vital signs

**EMD**

ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES).  
ADVISE ASPIRIN (ASA) 324/325 mg CHEWED BY PT (unless contraindicated).  
ADVISE NITROGLYCERIN (NTG) PT SELF-ADMINISTRATION  
IF PREVIOUSLY PRESCRIBED FOR SIMILAR SYMPTOMS

**EMERGENCY MEDICAL DISPATCHER**

**EMERGENCY MEDICAL RESPONDER**

**EMT**

**EMT-INTERMEDIATE 85**

**ADVANCED EMT**

**PARAMEDIC**

**EMR** **EMT**

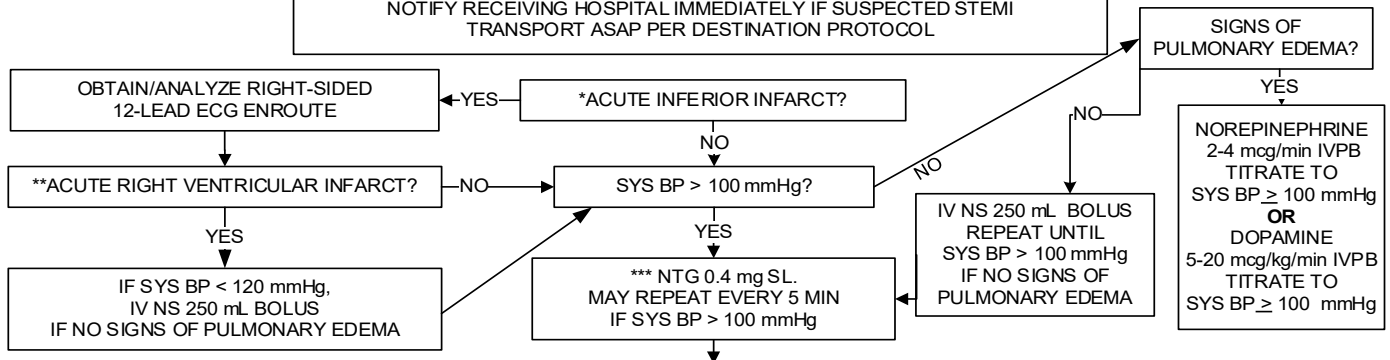
GENERAL SUPPORTIVE CARE  
OBTAIN VITAL SIGNS  
AVOID O<sub>2</sub> VIA NC or NRB UNLESS DYSPNEA or PULSE OX < 94% AT ROOM AIR  
APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped)  
TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT  
ASA 324/325 mg CHEWED BY PT (hold if taken < 6 hours or contraindicated)  
ASSIST NTG SELF-ADMINISTRATION 0.4 mg (hold if Sys BP ≤ 100 mmHg)  
IF PARAMEDIC OR OLMCP DIAGNOSES ACUTE STEMI, PLACE DEFIB PADS ANTERIOR-POSTERIOR CHEST WALL

**EMT-I85** **AEMT**

IV ACCESS  
IV NS TKO if SYS BP > 100 mmHg  
IV NS 250 mL BOLUS if SYS BP ≤ 100 mmHg IF NO SIGNS OF PULMONARY EDEMA

**PARAMEDIC**

TREAT ANY CARDIAC DYSRHYTHMIAS/SHOCK BY THE RESPECTIVE PROTOCOLS  
ANALYZE 12-LEAD ECG – TREAT PER FOLLOWING FLOWCHART  
NOTIFY RECEIVING HOSPITAL IMMEDIATELY IF SUSPECTED STEMI  
TRANSPORT ASAP PER DESTINATION PROTOCOL



\* ACUTE INFERIOR INFARCT INDICATED BY ST SEGMENT ELEVATION IN AT LEAST 2 OF THESE 3 LEADS: II, III, aVF.

\*\*ACUTE RIGHT VENTRICULAR INFARCT INDICATED BY ST SEGMENT ELEVATION IN AT LEAST 2 OF THESE 4 LEADS: V3R, V4R, V5R, V6R.

\*\*\*DO NOT GIVE NTG TO PATIENTS TAKING VIAGRA® OR LEVITRA® WITHIN 24 HOURS OR CIALIS® WITHIN 48 HOURS WITHOUT OLMC CONSULT.

IF PT STILL HAVING ACS SYMPTOMS AFTER 3 NTG ADMINISTRATIONS WITH PERSISTENT CHEST PAIN & IF SYS BP > 100 mmHg:  
ADDITIONAL NITROGLYCERIN PER PROTOCOL 16HH  
**AND**  
FENTANYL 0.5 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 50 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 1.5 mcg/kg or 125 mcg WHICHEVER IS LESSER.