



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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SUSPECTED ACUTE MYOCARDIAL INFARCTION (AMI)

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Chest pain (typical or atypical).
- Syncopal episode.
- History of previous AMI, Angina, heart disease, or other associated risk factors.

II. BLS INTERVENTIONS

- Recognition of signs/symptoms of suspected AMI.
- Reduce anxiety, allow patient to assume position of comfort.
- Oxygen as clinically indicated.
- Obtain oxygen saturation.
- May assist patient with self-administration of Nitroglycerin and/or Aspirin.

III. LIMITED ALS (LALS) INTERVENTIONS

- Aspirin per ICEMA Reference #11010 - Medication - Standard Orders.
- Consider early vascular access.
- For patients with chest pain, signs of inadequate tissue perfusion and clear breath sounds, administer 300 ml NS bolus, may repeat.
- Nitroglycerin per ICEMA Reference #11010 - Medication - Standard Orders.
- Consider establishing a saline lock enroute on same side as initial IV.
- Complete thrombolytic checklist, if time permits.
- Contact base hospital.

IV. ALS INTERVENTIONS

- Aspirin per ICEMA Reference #11010 - Medication - Standard Orders.
- Consider early vascular access.
- For patients with chest pain, signs of inadequate tissue perfusion and clear breath sounds, administer 300 ml NS bolus, may repeat.

- 12-Lead Technology:
 - Obtain 12-lead ECG. Do not disconnect 12-lead cables until necessary for transport.
 - If signs of inadequate tissue perfusion or if inferior wall infarct is suspected, obtain a right-sided 12-lead (V4R).
 - If right ventricular infarct (RVI) is suspected with signs of inadequate tissue perfusion, consider 300 ml NS bolus, may repeat. Early consultation with base hospital or receiving hospital in rural areas is recommended. (Nitrates are contraindicated in the presence of RVI or hypotension.)
 - With documented ST segment elevation in two (2) or more contiguous leads make early STEMI notification to the STEMI Receiving Center while preparing patient for expeditious transport, refer to ICEMA Reference #4040 - ST Elevation Myocardial Infarction Critical Care System Designation (San Bernardino County Only). In Inyo and Mono Counties, the assigned base hospital should be contacted for STEMI consultation.
 - Repeat 12-lead ECG at regular intervals, but do not delay transport of patient. If patient is placed on a different cardiac monitor for transport, transporting provider should obtain an initial 12-lead on their cardiac monitor and leave 12-lead cables in place throughout transport.
 - EMS field personnel shall ensure that a copy of the 12-lead ECG is uploaded or attached as a permanent part of the patient's ePCR.
- Nitroglycerin per ICEMA Reference #11010 - Medication - Standard Orders. Utilize Fentanyl for cardiac chest pain control when Nitroglycerin is contraindicated.
- Fentanyl per ICEMA Reference #11010 - Medication - Standard Orders. Consider concurrent administration of Nitroglycerin with Fentanyl if there is no cardiac chest pain relief from the initial Nitroglycerin administration. Contact base hospital for further Fentanyl orders.
- Consider establishing a saline lock as a secondary IV site.

V. REFERENCES

<u>Number</u>	<u>Name</u>
4040	ST Elevation Myocardial Infarction Critical Care System Designation (San Bernardino County Only)
11010	Medication - Standard Orders