

POLICY: 554.09
TITLE: Cardiac Chest Discomfort

EFFECTIVE: 9/1/2026
REVIEW: 8/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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CARDIAC CHEST DISCOMFORT

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
Classic ischemic chest discomfort may feel like: Pressure, fullness, burning or tightness in the chest, crushing or searing pain that spreads to the back, neck, jaw, shoulders, and one or both arms. Consider atypical symptoms such as: nausea, vomiting, dizziness, general weakness, and back pain. Consider any chest discomfort without clear traumatic cause. Women and elderly more commonly present with atypical symptoms. Consider the complaint of “general weakness” as a possible cardiac event.

**Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic A=Advanced EMT D = Base Hospital Physician Order Required**

	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
OXYGEN: If pulse oximetry < 94% or signs of respiratory distress, or hypoperfusion.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
ASPIRIN: 324 mg PO. Aspirin is to be administered even if chest pain has resolved, unless otherwise contraindicated.		X	X	X	X	
VASCULAR ACCESS: P - IV/IO, AEMT – IV only, rate as indicated.				X	X	
**12 LEAD ECG					X	
*NITROGLYCERIN: 0.4 mg sublingual to relieve pain. May repeat every 5 minutes with a maximum of 3 doses in 20 minutes. Hold for SBP < 100.				X	X	
PAIN MANAGEMENT: choose morphine OR fentanyl from 554.44 PAIN MANAGEMENT.					X	
CAPNOGRAPHY: apply and monitor if narcotics administered.					X	
LIDOCAINE: 1.5 mg/kg IV/IO push for the treatment of escalating ventricular ectopy. Repeat in 5 minutes at 0.75 mg/kg if ectopy returns.					X	

***Nitroglycerin shall not be given to pts. who have taken PDE-5 inhibitors (sildenafil, Cialis, Viagra or similar) within the last 48 hours; instead, start with morphine or fentanyl.**

**** If 12 Lead EKG interprets an S-T Elevation MI (STEMI), refer to Policy 530.00 STEMI TRIAGE AND DESTINATION.**