

<b>Policy and Procedure</b>	
<b>Title:</b> <u>Initial Management of Non-ER Patients Presenting with Chest Pain and/or Other Symptoms Consistent with Acute Coronary Syndrome.</u>	<b>Function Team:</b> All Clinical Departments, Rapid Response Team <b>Author:</b> Wayne Ruppert
<b>Department:</b> All Clinical Departments	<b>Effective Date:</b> 5/13
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Approvals: ___P&T ___ EOC ___IC ___MEC ___BOT	
<b>References/Other:</b> 1) <i>Circulation</i> . 2003;108:2619-2623 2) JAMA 2000;283:3223-3229 3) American Heart Association Advance Cardiac Life Support 2010; 4) 2014 AHA/ACC/HRS Guidelines for Management of Atrial Fibrillation 5) AHA/ACC Guidelines for Management of ST Segment Elevation Myocardial Infarction (STEMI)	

**PURPOSE**

This Policy & Procedure is to be used in the initial management of patients who present with Chest Pain or any other symptoms which could be indicative of Acute Coronary Syndrome (ACS) in the Non-Emergency Department setting. This includes Observation and Admitted Patients who are being housed in the Emergency Department.

**POLICY:**

The PRIMARY RN who is assigned for care of the patient will be responsible for the implementation of this Policy and Procedure when a patient presents with symptoms that are suggestive of ACS. These symptoms and signs include:

Typical symptoms of ACS include patient complaints of:

1. mid-sternal or left side of chest; pain, pressure or squeezing sensation
2. chest pain/pressure with radiation to arm(s), shoulder(s), neck and/or jaw
3. chest pain/pressure associated with diaphoresis, nausea, vomiting, dizziness, dyspnea. syncope
4. chest pain/pressure with previous history of coronary heart disease, hypertension
5. Panic with feeling of impending doom

Atypical symptoms of ACS include:

1. Any pain or pressure in the places where typical ACS pain can radiate to, (but minus the chest pain): Shoulder(s), neck, jaw, arm(s), back
2. Abdominal pain / pressure
3. Shortness of Breath
4. Overwhelming fatigue / exhaustion
5. Nausea / vomiting (unexplained)
6. Cold sweats and/or pale, clammy skin
7. Palpitations, fast/racing heart rate

PROCEDURE:

When any patient presents with Typical or Atypical ACS Symptoms as described on previous page, the patient's PRIMARY RN will be responsible for implementation of the following procedures:

1. Initiate Rapid Response Team
2. Assure that Crash Cart is in close proximity to patient.
3. Implement continuous cardiac monitoring
4. Obtain STAT 12 Lead ECG, repeat every 30 min as long as symptoms are present.
5. If ST Segment Elevation is noted, and/or the ECG computerized printout indicates "Acute Injury/ Infarction," implement and follow the Policy & Procedure titled, "Initial Management of the STEMI Patient presenting in NON- Emergency Department Areas of the Hospital."
6. Obtain STAT vital signs, including Level of Pain, every 15 minutes.
7. If SAO2 <92%, administer O2 at 2 – 4 Liters/minute via nasal cannula, titrate to keep SAO2 between 92 – 99%.
8. Follow ACLS Protocols for Cardiac Dysrhythmias
9. Initiate IV NS @ KVO rate, preferably with 20g or larger.
10. Aspirin: have patient chew four 81mg baby aspirin or one 325mg adult strength aspirin unless contraindicated.
11. Nitroglycerin 0.4mg SL tablet or spray. Reassess pain in 5 minutes, if pain unrelieved repeat x2 at 5 minute intervals as long as Systolic BP remains >90
12. NOTE: Do not give Nitroglycerin if the patient has:
  - a. Systolic BP <90mm/hg
  - b. Inferior wall MI WITH RIGHT VENTRICULAR MI
  - c. Has taken Viagra in last 24 hours
  - d. Has taken Levitra in last 24 hours
  - e. Has taken Cialis in last 48 hours.
13. Morphine Sulfate 2mg IV PRN for chest pain, may repeat every 5 minutes up to Max of 10 doses (20mg).
14. STAT Troponin (Lab Processed). Repeat Lab Troponin at 3 and 6 hours. Notify physician if Troponin result is positive.