

Protocol Name	Acute Chest Pain
Created date:	August 26 th , 2020
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Last revised:	08/26/20,

Purpose:

To assess, treat and triage swiftly individuals presenting with chest pain – defined as a feeling of pain or discomfort in the chest.

Sign and Symptoms:

- Substernal or epigastric discomfort
- Heaviness
- Squeezing
- Burning
- Tightness
- Radiation to shoulders, arms or back
- Excessive sweating

Chest pain can be related to the following:

- Lifting heavy items
- Anxiety
- Trauma to chest
- Flatulence
- Heartburn
- Myocardial Infarction

Assessment:

- Obtain patient’s history, including allergies, medication list and recent activity
- Vital Signs – heart rate, respirations, blood pressure, temperature, pain level and O2 sat level
- Observe Chest pain characteristics:
 - ✓ Does the pain get worse when patient takes a deep breath?
 - ✓ Does the pain subside when breathing is paused for a few seconds?
 - ✓ Chest pain does not go away

Standing Orders/Intervention:

For Urgent Life threatening Intervention – **acute coronary distress noted**

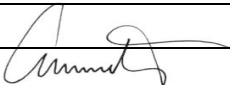

- Administer oral dose of Aspirin 325mg x 1
- Activate 911 Emergency Response and prepare AED – if AED is available at your location

- If patient becomes unresponsive – assist lowering to ground, assess for breathing. If not present, begin CPR. Use AED for additional status and support - if available at your location

For Mild intervention – no acute distress

- Administer oral dose of Aspirin 325mg x 1
- Refer patient to follow up at Urgent Care and with primary care physician for EKG and blood work

- Acute Chest Pain protocol** is part of Affiliated Physician's **ON-SITE CLINIC PROGRAM**. I, hereby acknowledge, the above has been reviewed and approved. Upon clinical assessment and necessity, these orders are to be activated by an Affiliated Physician's on-site nurse and documentation of each episode is mandatory.

Medical Director – Dr. Avram Nemetz
Signature: 
Date:  08/26/2020