MYOCARDIAL INFARCTION, POSSIBLE (INTRACTABLE ANGINA)

30 Second Review Possible MI/Intractable Angina
RN, LPN w/CMO approval (or with ACLS training)

1) Continue NTG 0.4mg SL. q 5-10 min if pain is persistent and vitals stable (SBP>90).
2) O_2 by nasal cannula or mask at 4-8 L/min.
3) ASA 325mg chew if no allergy.
4) The following steps are to occur concurrently:
   a. Call 911. Prepare patient for transport
   b. While waiting, start Heparin lock or IV TKO
   c. Notify Practitioner (do not delay transport)
   d. 12 lead EKG as last step while waiting.

SKILL LEVEL: RN, LPN with CMO approval (other with ACLS).

DEFINITION: Increased cardiac discomfort, refractory to treatment and/or physically disabling. Chest pain and systemic signs consistent with ongoing myocardial ischemia and/or myocardial compromise. Not relieved by Oxygen, rest and sublingual nitroglycerin tablets.

Lack of sufficient oxygenation of myocardial tissue to meet current cardiac demands, with impending myocardial tissue damage.

Clinically it is often difficult in this situation to be sure if the chest pain is related to a heart attack or not. If you, as a nurse, think this *may be* an MI, act completely as if it is (i.e., once started go all the way.)

If chest pain is relieved by NTG, and patient's vitals are stable, see Angina Protocol.

DATA BASE:

Subjective: Intense substernal chest pain or pressure. Pain to left jaw, shoulder or arm. Vague but intense chest heaviness, shortness of breath, weakness, nausea, diaphoresis, "I don't know what it is but I've never felt like this before." OR "It feels like it did when I had my other Heart Attack." Bilateral jaw pain is frequently myocardial in etiology.

Objective: Patient looks bad. Any combination of the following: Diaphoretic with grey, ashen complexion, ↑ HR, ↑ or ↓ BP, cool, clammy, anxious, abnormal respirations. Signs and symptoms not relieved by sublingual NTG, rest and Oxygen. Many people having a myocardial infarction have a normal physical exam.

Assessment: Possible Myocardial Infarction

Plan:

1. Prepare patient for transport. While waiting, continue to use NTG 0.4mg sublingual q 5-10 minutes if pain is unrelieved and if SBP is at least 90.
2. O_2 by nasal prongs or mask, low to medium flow at 2-8 LPM. Use ambu-bag (15L) if patient is obtunded.
3. ASA 325mg chewed if no allergy.
4. Monitor Vitals at least every 5 min while awaiting transport.
5. Start IV TKO or heparin/saline lock.
6. May do Stat 12 lead EKG while waiting for emergency transport.
7. Notify the practitioner. Do not delay transport.

APPROVED:

Health Services Manager — Date

Chief Medical Officer — Date

Medical Director — 3/3/09 Date

Effective Date:_______________

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