

POLICY: 554.09  
 TITLE: Cardiac Chest Discomfort

EFFECTIVE: 02/01/26  
 REVIEW: 02/2028  
 SUPERCEDES: 554.09 Suspected Ischemic Chest Discomfort

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, 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.

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

	F	E	O	P	D
<b>ASSESSMENT</b>	X	X	X	X	
<b>PULSE OXIMETRY:</b> apply and monitor.		X	X	X	
<b>OXYGEN:</b> If pulse oximetry < 94% or signs of respiratory distress, or hypoperfusion.	X	X	X	X	
<b>ECG MONITOR:</b> lead placement may be delegated. Treat as indicated.				X	
<b>ASPIRIN:</b> 324 mg PO. Aspirin is to be administered even if chest pain has resolved, unless otherwise contraindicated.		X	X	X	
<b>VASCULAR ACCESS:</b> IV/IO, rate as indicated.				X	
<b>**12 LEAD ECG</b>				X	
<b>*NITROGLYCERIN:</b> 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	
<b>PAIN MANAGEMENT:</b> choose morphine <b>OR</b> fentanyl from 554.44 PAIN MANAGEMENT.				X	
<b>CAPNOGRAPHY:</b> apply and monitor if narcotics administered.				X	
<b>LIDOCAINE:</b> 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.**