

Assessment and care of the patient with suspected myocardial infraction

In any 911 system a common call we receive is the patient complaining of chest pain. Here are the things you need to know to care for that cardiac patient:

What you need to know:

- Ask location of pain. (Right, left, center.)
- Activity level on onset of pain
- Description of pain (Dull, ache. Sharp)
- Any radiation of pain? (down arms, neck, jaw pain)
- Any history of cardiac issues (Previous Myocardial infarctions, arrhythmias, any cardiac surgery)
- Any other symptoms? (Shortness of breath, N/V)
- Any recent illness (cough, cold, fever, any GI symptoms)
- Medical History including daily medications and allergies.

Treatment for patient with high index of suspicion of myocardial infarct:

- Obtain a 12 lead electrocardiogram.
- If no ST elevation is present on initial ECG consider obtaining a right side or posterior.
- Administer 324 baby aspirin as long as no allergy exist
- Provide oxygenation to patient as need. Titrate to compliant of shortness of breath or to obtain O₂ saturation reading of 94% (high flow O₂ is no longer recommend in the cardiac patient)
- Obtain vascular access. Preferably bilateral large gauge with at least one being in the antecubital
- Consider administration of nitro as long as patient is hemodynamically stable, has not taken erectile dysfunction medication in the last 24 hours, and if the M.I is not located in the inferior wall
- Further pain management
- Prepare patient for cath lab. Remove all clothing and place patient in patient gown if available.
- Obtain serial vital signs and ecgs to further monitor your patient. Look for possible extension of M.I

Placement of 12 lead ECG

