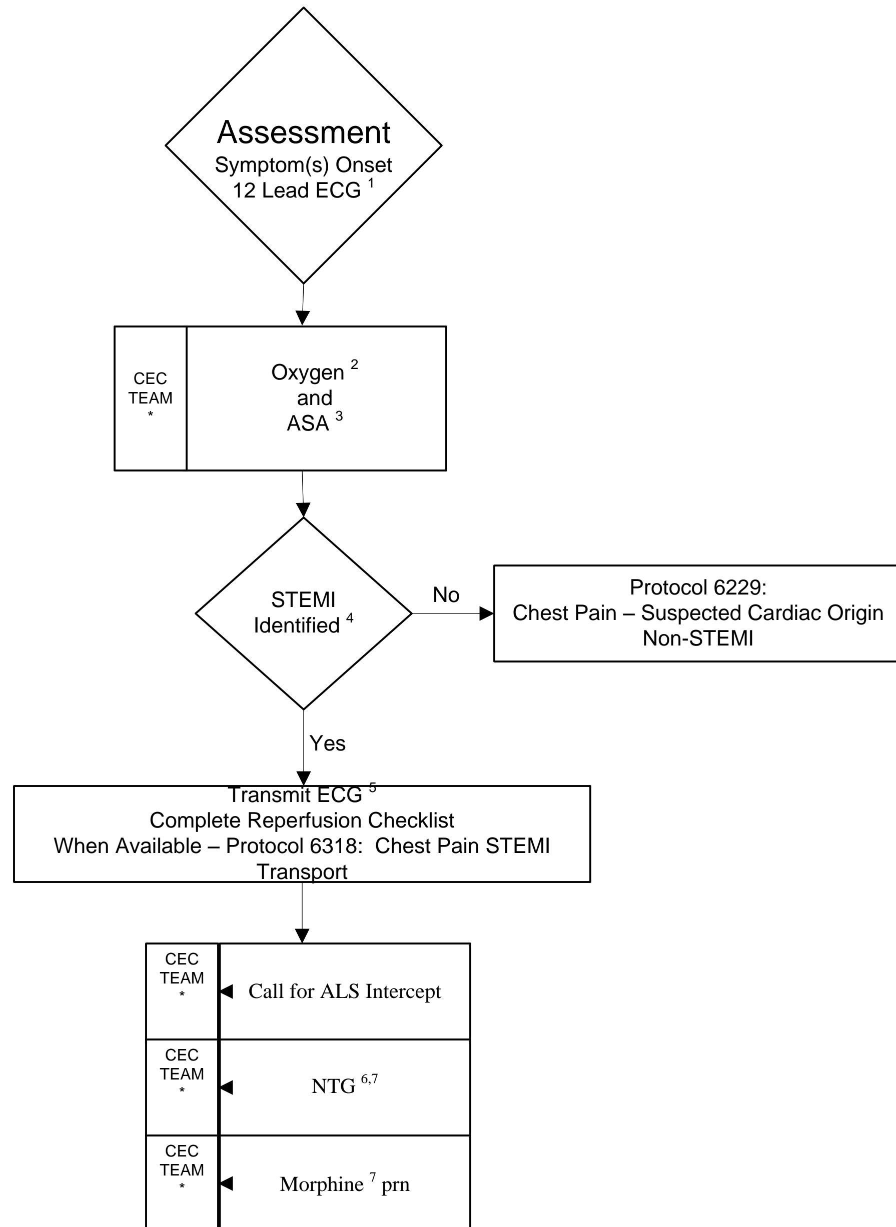
Emergency Health Services

NOVA SCOTIA
Department of Health

Protocol: Suspected Cardiac Origin Overview-CEC	PDN: 6317.01-CEC	Last Updated: February 22, 2008	Subject: Chest Pain	Page 1 of 1



1. If unable to complete ECG
   - manage as Chest Pain – Suspected Cardiac Origin – Non-STEMI (Oxygen, ASA, NG +/- Morphine)
2. Maintain O_2 Sats of at least 92% (Use Nasal Prongs first).
3. ASA 160 mg po
4. a. 2mm of ST elevation in two (2) or more contiguous predcordial leads or
   b. 1mm of ST elevation in two (2) or more limb leads or
   c. a new LBBB
5. If unable to transmit and ECG shows STEMI, Transport and attempt to tramsmit enroute.. Continue conventional treatment en route.
6. NTG – 0.4mg S/L prn every 3 – 5 minutes up to a maximum of 3 doses only and if patient remains stable (SBP > 90 and HR between 50 and 150 bpm).
7. Morphine 2-5mg IV. Be extremely cautious using NTG and Morphine with inferior MIs.

*CEC Team May Include PCP, ICP, ACP, CCP, RN

Approved by: Dr. Andrew Travers, Provincial Medical Director
for the use in the CEC after hours.