

Tips

- Recognize and manage where possible the confounding dysrhythmia and/or CHF.
- Limit nitro use to stable patients where HR is >50 and <150, and SBP >90
- Be cautious of nitro use in patients with :
 - vasodilating drugs
Viagra/sildenafil or
Cialis/tadalafil
 - Inferior MI
 - Suspected RV MI
- Ascertain symptom onset as precisely as you can.

Electrocardiogram

O₂ to keep saturations >92%

ASA 160 mg chewed

Nitroglycerin 0.4 mg SL q3-5 min

IV Access

Morphine 2.5 – 5.0 mg IV/SC q10min prn

Goals of Rx

- ABC management
- Full assessment of the CV triad: IHD, CHF, Dysrhythmia
- Copy of diagnostic ECG appended to patient chart and to the receiving ED
- Early activation of ED resources.
- Recognition of high risk acute coronary syndromes

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