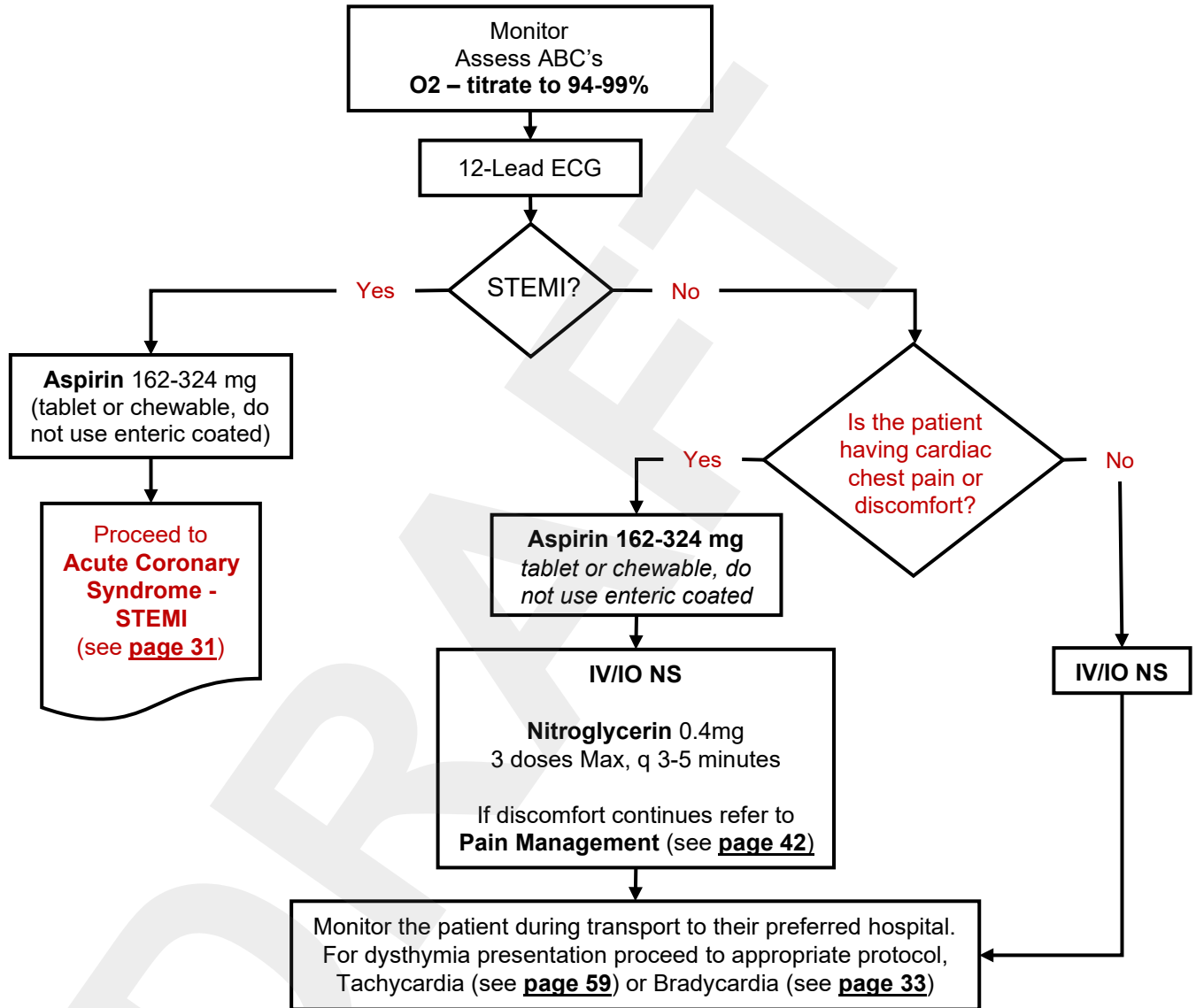


ACUTE CORONARY SYNDROME (ACS)

- **Routine Medical Care**
- **Indications:** anxiety, chest discomfort, diaphoresis, discomfort or tightness radiating to the jaw, fatigue, shoulder or arms, dizziness, dyspnea, epigastric discomfort, general weakness, nausea or vomiting, palpitations, return of spontaneous circulation (ROSC), syncope, or near syncope
- Perform a 12-Lead ECG, as soon as possible. See ECG - 12 Lead **page 120**. Keep the 12-lead ECG continuously attached to the patient throughout care, as the monitor will perform serial ECGs if cardiac changes are detected, following the initial 12-lead recorded by that device.



Aspirin Considerations:

- **Contraindications:**
 - Allergy to Aspirin
- **Notes:** Ensure the patient is alert enough to chew the tablets safely. If the patient took Aspirin immediately prior to EMS arrival, verify the patient took between 162-324mg; if not, administer additional aspirin. It is ok to administer aspirin to patients who take blood thinners or anticoagulants regularly.

Nitroglycerin Considerations:

- **Contraindications:**
 - Allergy to Nitroglycerin
 - Systolic Blood Pressure (SBP) <90mmHg
 - >30mmHg drop in SBP after one dose
 - Erectile dysfunction (ED) medication within the last 24 hours (Viagra/Levitra) or 36 hours (Cialis)