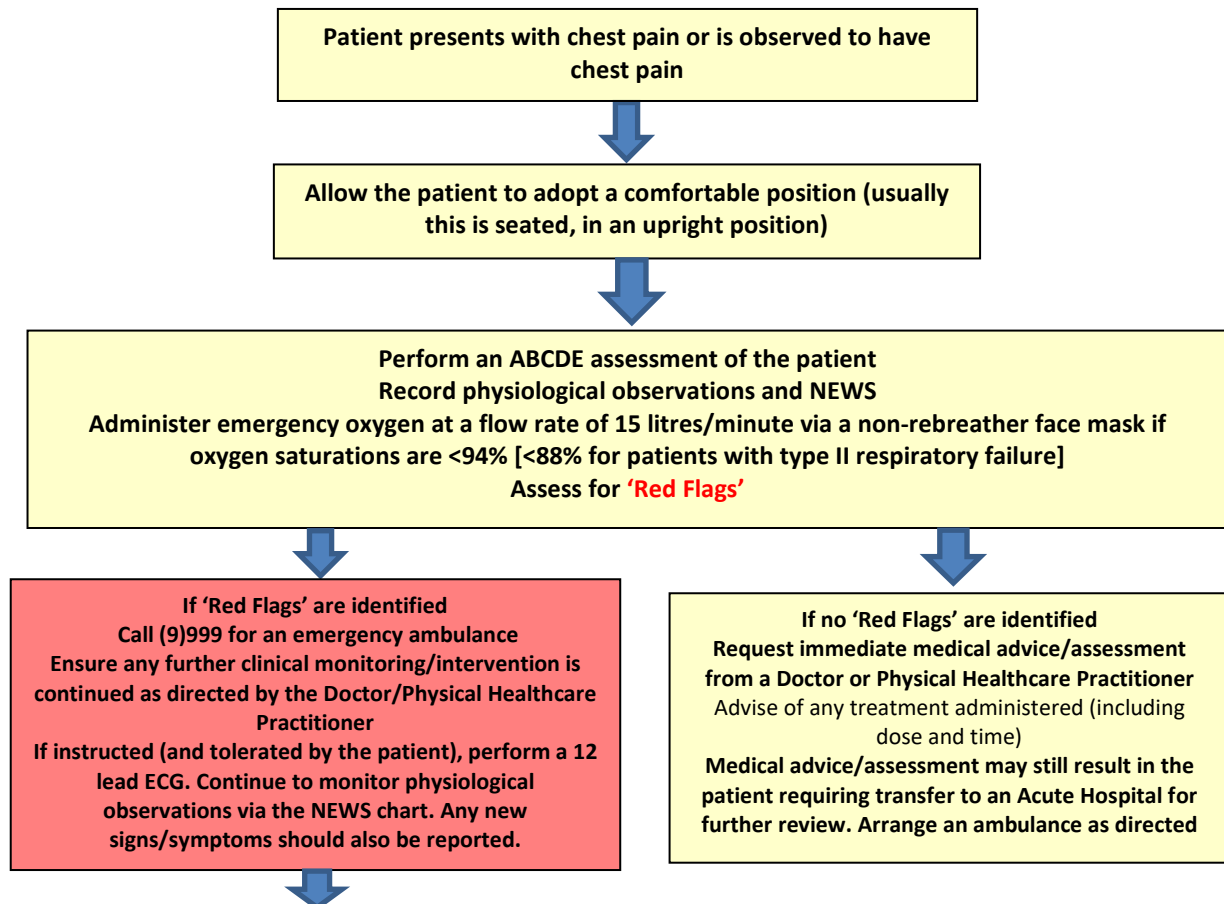


Chest Pain Protocol: Adults aged 18 and over

This protocol should be read alongside the [Consent to Examination or Treatment Policy](#).



UNLESS THERE IS AN ABSOLUTE CONTRA-INDICATION*: administer Aspirin 300 mg orally, dissolved in water, crushed or chewed. One dose only
* history of anaphylaxis with aspirin, active peptic ulceration, bleeding disorder, haemophilia

AND administer GTN spray 400 micrograms per metered dose

(N.B. available in emergency drug bag, if personal supply not available)

1 or 2 sprays under the tongue

Dose of GTN spray may be repeated after 5 minutes if pain has not subsided, and systolic blood pressure is >90 mmHg

If pain not subsided after 2 doses treat as 'Red Flag'

If GTN is not prescribed continue to follow the protocol

DO NOT ADMINISTER GTN spray if:

- Patient has already self-administered
- Systolic BP is known or suspected to be <90mmHg
- Patient has suffered head trauma

Record the administration of GTN and/or aspirin on the electronic patient record and ensure the Ambulance Crew (if in attendance) are made aware that aspirin and/or GTN has been administered

RED FLAGS (indication that myocardial infarction is more likely)

History of a previous heart attack or cardiac arrest
Crushing, vice-like chest pain
Chest tightness, heaviness, dull ache or burning
Pain radiating to arms, jaw, neck or to the back
Partial or total collapsed state
Any loss of consciousness
Shortness of breath or breathing difficulties
Rapid shallow breathing
Cyanosis (blue lips, fingers)
Pale, clammy skin
Profuse sweating

* warfarin, apixaban, dabigatran etexilate, edoxaban, rivaroxaban, dalteparin, enoxaparin, tinzaparin, heparin

Nausea and/or vomiting
Penetrating chest injury
Any previous chest or lung surgery
Changes in cognitive function and/or ability
Unusual behaviour, drowsiness/confusion and/or agitation
A history of bleeding or clotting disorders
Currently prescribed anticoagulant medication*
Drug and/or alcohol intoxication
Clinical concern from staff
Clinical deterioration as observed by staff or as evidenced from blood pressure or pulse readings

NOTE: If a patient with chest pain is intoxicated (drugs or alcohol) – CONTINUE TO TREAT AS PER PROTOCOL