Possible Myocardial Infarction-Intractable Angina

**MYOCARDIAL INFARCTION, POSSIBLE (INTRACTABLE ANGINA)**

**30 Second Review**

**RN, LPN w/CMO approval**

**DEF:** Increased cardiac discomfort, refractory to treatment and/or physically disabling.

**S/S:**

**RX:**
1) Nitro 0.4 mg SL every 5 mins x 3 doses, If pain is persistent and vital signs are stable (SBP>90, HR 50-100).
2) Administer oxygen by nasal cannula or mask to keep SaO2 >94%.
3) If no allergy, give aspirin 325 mg, instruct patient to chew tablet.
4) Activate EMS and prepare patient for transport.
5) If able, start IV to TKO, may consider heparin lock.
6) Notify provider but do not delay transport.
7) If able while waiting for EMS arrival, obtain EKG.

**SKILL LEVEL:** RN, LPN with CMO approval

**DEFINITION:** Increased cardiac discomfort, refractory to treatment and/or physically disabling. Chest pain and systemic signs consistent with ongoing myocardial ischemia and/or myocardial compromise. Pain not relieved by oxygen, rest and sublingual nitroglycerintablets.

Lack of sufficient oxygenation of myocardial tissue to meet current cardiac demands, with impending myocardial tissue damage.

Clinically it is often difficult in this situation to be sure if the chest pain is related to a heart attack or not. If you, as a nurse, think this may be an MI, act completely as if it is (i.e., once started go all the way.)

If chest pain is relieved by NTG, and patient’s vitals are stable, see Angina Protocol.

**DATA BASE:**

**Subjective:** Intense substernal chest pain or pressure. Pain to left jaw, shoulder or arm. Vague but intense chest heaviness, shortness of breath, weakness, nausea, diaphoresis, "I don't know what it is but I've never felt like this before." OR "It feels like it did when I had my other Heart Attack." Bilateral jaw pain is frequently myocardial inetiology.

**Objective:** Patient looks bad. Any combination of the following: diaphoretic with grey, ashen complexion, ↑ HR, ↑ or ↓ BP, cool, clammy, anxious, abnormal respirations. Signs and symptoms not relieved by sublingual NTG, rest and oxygen. Many people having a myocardial infarction have a normal physical exam.
### Possible Myocardial Infarction-Intractable Angina

**Assessment:** Possible Myocardial Infarction

**Plan:**

1. Prepare patient for transport. While waiting, continue to use NTG 0.4mg sublingual q 5 min x3, if SBP is at least 90-discontinue NTG if CP resolves
2. O2 by nasal cannula, to keep SATs greater than 94%., Use ambu-bag w/O2 at (15L/min) for agonal/absent breathing.
3. ASA 324 mg (4 x 81mg) or 325mg chewed if no allergy.
4. Monitor Vitals at least every 5 min. while awaiting transport.
5. Start IV TKO or heparin/saline lock.
7. Notify the practitioner. Do not delay transport.

**Nursing Education**

1. A variety of conditions may present as chest pain, cardiac related, GI conditions, muscle strain.
2. Cardiac related chest pain will vary by age, gender, and cultural responses.

**APPROVED:**

Medical Services Manager

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Date

Chief Medical Officer

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Date

Clinical Medical Director

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10/2017

Date

Effective Date: __________________________

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