

Cardiac sounding chest pain

Crushing or heavy chest pain +/- Radiation to jaw / neck / left arm
SOB
Nausea / vomiting
Sweating / clamminess / pallor

If patient still has pain, perform IMMEDIATE ECG, alert Senior Doctor & move to resus

Does the patient have new LBBB or ST elevation? If YES:

- **Uncomplicated STEMI** - doctor must arrange for URGENT 999 transfer to Trent Cardiac Centre for PRIMARY ANGIOPLASTY. Ring (0115) 9934995 with patient details and ETA. Give IV MORPHINE, ASPIRIN 300mg and PRASUGREL 60 mg orally. Heparin and clopidogrel are not required at this point. **DO NOT DELAY.**
- **Complicated MI / significant co-morbidities** - doctor should first discuss with cardiology SpR at city via switch

- 1) If now pain free do ECG within 15mins of arrival with prompt doctor review. If abnormal request old notes to compare with old ECG/ check old EDIS entries. Move to Resus for monitoring if new LBBB / ST elevation / new AF / ST depression.
- 2) Record vital signs: BP, HR, RR, SpO₂, GCS, Temp, BM
Commence Observation Chart and Early Warning Score - follow ED Escalation Plan
- 3) Document time of worst pain
- 4) Fully undress, apply a gown and wrist band
- 5) Take bloods: FBC, UE, and if >6 hr since worst pain trop I
- 6) Cannulate and complete VIPS if abnormal ECG only
- 7) If patient SOB/ low saturations ask for doctor to examine and arrange CXR from IAU
- 8) **Document if morphine / antiemetic / aspirin given by the crew.** If not already given, consider Aspirin 300mg stat
- 9) Record weight ready for enoxaparin
- 10) Inform CCU Nurse

NOTE: If NOT cardiac sounding chest pain, please liaise with Senior Doctor ASAP for plan of care and appropriate investigations

Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS