



NYC REMAC

Advisory No.	2005-05		
Title:	Revised Advanced Life Support Protocol 504: Suspected Myocardial Infarction		
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The Regional Emergency Medical Advisory Committee (REMAC) of New York City has revised Advanced Life Support Protocol 504: Suspected Myocardial Infarction. The protocol has been revised to make it clear that paramedics are expected to perform and interpret 12 lead EKGs. Revisions are limited to Standing Order #3.

The protocol has been revised as follows: (New language is **double-underscored and bold**, deleted language is ~~struck out and bold~~)

Standing Orders

3. Perform, **record, and evaluate** a 12 Lead EKG on any patient hemodynamically stable (i.e., systolic blood pressure greater than 90 mmHg).

Attached is a copy of the revised ALS Protocol # 504 – Suspected Myocardial Infarction.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

This revised protocol revision will be effective July 1, 2005.

Lewis W. Marshall, Jr., MD, JD

Chair

Regional Emergency Medical Advisory Committee of New York City

504

SUSPECTED MYOCARDIAL INFARCTION

1. Begin Basic Life Support Chest Pain procedures.
2. Begin Cardiac Monitoring, record and evaluate EKG rhythm.
3. Perform, record, and evaluate a 12 Lead EKG on any patient hemodynamically stable (i.e., systolic blood pressure greater than 90 mmHg).

NOTE: AN UNSTABLE DYSRHYTHMIA MUST BE TREATED PRIOR TO INITIATION OF A 12 LEAD EKG.

4. Begin an IV infusion of Normal Saline (0.9% NS) to keep vein open, or a Saline Lock.
5. Monitor vital signs every 2 - 3 minutes.

Sub-Protocols

504-A Drug Therapy of Myocardial Ischemia

504-B Cardiogenic Shock