



NYC REMAC			
Advisory No.	2008-02		
Title:	Revisions: Acute MI or Ischemia BLS Protocol 404 – Non Traumatic Chest Pain ALS Protocol 504 – Suspected Myocardial Infarction		
Issue Date:	September 26, 2008		
Effective Date:	September 26, 2008		
Re-Issued:	N/A		
Supersedes:	N/A	Page:	1 of 3

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

*The following revised protocols/procedures may be implemented immediately:*

- BLS Protocol 404 – Non Traumatic Chest Pain
- ALS Protocol 504 – Suspected Myocardial Infarction

New Language is underlined and bold. Deleted Language is ~~struck-out~~.

Changes have been made so that protocols can be consistent with the guidelines published by the American Heart Association. All protocols have been approved by the New York State Emergency Medical Advisory Committee for use in the NYC region.

**The recently issued FDNY Office of Medical Affairs Directive 2008-05  
is being revised to be consistent with REMAC Protocols.**

Current Protocols can be accessed at the Regional EMS Council website: [www.nycremsco.org](http://www.nycremsco.org).

**Training materials will be available on the Regional EMS Council website shortly.**

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.

Lewis W. Marshall, Jr., MD, JD  
Chair, Regional Emergency Medical Advisory Committee of New York City

---

404

NON-TRAUMATIC CHEST PAIN

---

1. Monitor the airway.
2. Administer oxygen.
3. Do **NOT** permit physical activity.
4. Request Advanced Life Support assistance, if available. Do NOT delay transport.
5. Monitor breathing for adequacy.
6. Place patient in a position of comfort.
7. If chest pain is still present, assist the patient with self-administration of the patient's own previously prescribed Nitroglycerin, if available. One tablet or spray may be taken provided that the patient's **systolic** pressure is at least 120 mm Hg.

**NOTE: UNLESS OTHERWISE DIRECTED BY ON-LINE MEDICAL CONTROL, PATIENTS WHO HAVE USED ERECTILE DYSFUNCTION MEDICATIONS IN THE PREVIOUS 72 HOURS SHALL NOT BE GIVEN NITROGLYCERIN.**

8. If the patient is ~~35~~ 33 years of age or older, or a patient of any age who has a cardiac history, administer two (2) Chewable Aspirins, 162 mg, by mouth, unless the patient has any of the following contraindications:
  - a. Known Aspirin allergy or hypersensitivity
  - b. Recent gastrointestinal bleeding
  - c. Bleeding disorder
  - d. Is taking Warfarin (Coumadin).
9. Transport.

Revisions: Acute MI or Ischemia Protocols

---

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