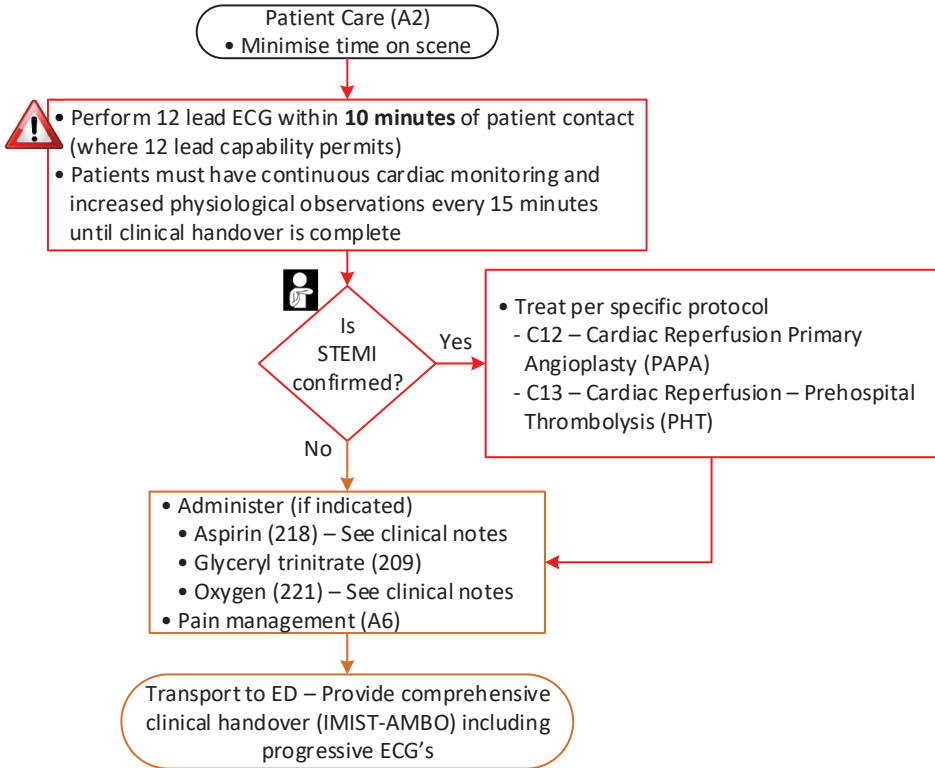


Acute Coronary Syndrome (ACS) encompasses a spectrum of conditions from unstable angina to acute myocardial infarction. ACS is usually associated with atherosclerotic plaque rupture, thrombosis and partial or complete occlusion of the infarct-related artery.

Paramedics must be alert for high risk atypical presentations which may occur in some patient groups (e.g. female, diabetic, renal failure, indigenous and the elderly).

Treatment:



! P5 Protocol Specific Exclusions:

- Confirmed or suspected cardiac chest pain and/or clinical suspicion of ACS

Regularly repeat and document ABCD physical examinations and physiological observations in order to identify trends, clinical deterioration and/or response to treatment

Clinical Notes

Aspirin – Administration prior to paramedic arrival

- NSW Ambulance Control Centres may have instructed the patient to self administer aspirin prior to paramedic arrival as part of the call taking procedure.
- If self-administered, prior to paramedic arrival, paramedics should confirm the medication, dose and route taken. Paramedics should make a clinical decision to either withhold further aspirin administration or administer aspirin based on this information.

Oxygen

- Routine oxygen administration is not indicated for treatment of ACS. Patients with an SpO₂ <94% should be administered titrated oxygen to achieve and maintain SpO₂ ≥94%