

**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS  
DEPARTMENT OF EMERGENCY MEDICINE  
POLICY & PROCEDURE**

**NUMBER: 3260  
VERSION: 2**

**SUBJECT/TITLE: EMERGENCY CARDIAC CARE**

**POLICY:** Olive View-UCLA Medical Center DEM provides Emergency Cardiac Care consistent with AHA/ACLS guidelines.

**PURPOSE:** To enhance and facilitate the care of patients with suspected or confirmed myocardial ischemia or myocardial infarction in the DEM.

**DEPARTMENTS: DEPARTMENT OF EMERGENCY MEDICINE (DEM)**

**DEFINITIONS:** “Chest pain suggestive of ischemia”: Chest pain in an adult patient without alternative explanation, in the setting of one or more risk factors or associated symptoms of ischemia.  
“AHA/ACLS guidelines”: Guidelines and algorithms for emergency cardiac care and acute coronary syndrome treatment from the American Heart Association.  
“Risk factors”: Historical features that correlate with the presence of coronary artery disease. See Appendix (A)  
“Associated symptoms”: Symptoms reported by the patient that correlate with chest discomfort of ischemic etiology. See Appendix (B)

**PROCEDURE:** **Initial Contact Nurse:** Priority will be given to patients presenting with chest pain or shortness of breath for immediate triage. Triage and medical screening will not be delayed by the registration process.

**Nursing/Triage:** Patients with chest pain or shortness of breath will be assessed for risk factors, symptoms, and signs suggestive of myocardial ischemia. (see list of risk factors in Appendix A, and list of symptoms/signs in Appendix B.) Patients whose chest pain is suggestive of ischemia, or who have physical findings consistent with cardiopulmonary impairment, will bypass financial screening and be taken directly into the treatment area of the DEM.

**Nursing/Main DEM:** Upon receiving a new patient with chest pain suggestive of ischemia, in addition to usual and customary nursing assessment, the primary RN will:

1. Obtain updated vital signs.

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2. Obtain 12-lead EKG if not already performed.
3. Notify a DEM physician to review the EKG and briefly assess the new patient.
4. Initiate ACLS treatment as appropriate for any changes in patient status.

After physician evaluation, patients with ongoing suspicion of myocardial ischemia should be placed on a monitor, with regular charting of vital signs and rhythm strips.

Suspected myocardial ischemia patients leaving the department for studies or en route to inpatient monitored beds must be accompanied by an ACLS certified provider with adequate monitoring and resuscitative equipment.

**Physicians/Main DEM:** Upon notification of a new patient with chest pain, a targeted assessment consistent with AHA/ACLS guidelines should be performed. EKG should be reviewed as soon as possible. The use of standardized order sets for suspected acute coronary syndrome is encouraged.

**Appendix A:** Coronary Artery Disease Risk Factors: (adapted from ACEP clinical policy on non-traumatic Chest Pain, 1995)

- Personal History of Vascular Disease (Coronary, Cerebral, Peripheral)
- Family History of Coronary Artery Disease
- Men age >33, Women age >40
- Diabetes Mellitus
- Hypertension
- Nicotine Use/Smoking
- Elevated Cholesterol, if known
- Cocaine or Methamphetamine Use
- Systemic Lupus Erythematosus

**Appendix B:** Associated symptoms and signs suggestive of myocardial ischemia

- Retrosternal or left-sided location of chest pain
- Chest discomfort described as pressure, squeezing or heaviness
- Radiation of pain to arm, neck, shoulder or jaw
- Associated nausea, shortness of breath, diaphoresis or palpitations
- Abnormal vital signs, particularly extremes of blood pressure

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References:	
Approved by: Georgia Foot'e-Sam (DEM Clinical Nursing Director) Bonnie Bilitch (Chief Nursing Officer), Shannon Thyne (Chief Medical Officer)	Date: 07/30/2017
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