

Common EMT Emergencies

Angina Pectoris: A symptom of inadequate Oxygen supply to the heart muscle. It is often caused by a blockage of the Coronary Arteries. (Arteries that supply the heart itself)

Signs and Symptoms of ANGINA PECTORIS:

- Steady Chest Discomfort
- Chest Pain that is relieved with rest and/or Nitroglycerine. Chest Pain symptoms will subside when physical exertion is stopped.
- Pale, Cool, Diaphoretic skins
- May or may not have Nausea and Vomiting (NV)
- Rapid onset brought on with Increased stress or physical activity
- May or may not have Shortness of Breath (SOB)

BLS Treatment for ANGINA PECTORIS:

- High Flow Oxygen via Non-rebreather mask at 15 LPM hooked up to 100% Oxygen
- Placing Pt. in position of comfort when appropriate
- Always Upgrade ALS. Identify when Vitals are abnormal, Decreased Level of Consciousness, etc.
- Serial Vitals q 3-5 minutes and notice trends of pt improvement or deterioration
- Obtain A (PQRST) survey during the secondary exam after Oxygen has been administered, Vitals are delegated, and We have upgraded ALS.
- Obtain (SAMPLE) History for medical patient or (History, Allergies, Medications) during Secondary
- Perform a thorough Head-Toe Exam for any Cardiac Patient during Secondary.
- May Administer Patients Prescribed NTG, and ASA when indicated.
- NTG 0.4 mg SL q 3-5 minutes. Must have Systolic BP of 90.
- ASA 325 mg PO once if pt denies active GI bleeding and not currently on Blood Thinners (Heparin, Palvix, Coumadin, etc.

Myocardial Infarction: Severe narrowing or complete obstruction of the coronary arteries results in death of myocardial cells if the blockage is not quickly reversed. May cause lethal dysrhythmias.

Signs and Symptoms of MYOCARDIAL INFARCTION:

- AMI include chest discomfort radiating to the jaw, arms, shoulders, or back
- Anxiety
- Diaphoresis
- Dyspnea
- Sense of impending doom
- Weakness
- Pain is not relieved with rest or decrease in physical activity
- Same S/S as Angina but worse!

BLS Treatment for MYOCARDIAL INFARCTION (MI):

- High Flow Oxygen via Non-rebreather mask at 15 LPM hooked up to 100% Oxygen
- Placing Pt. in position of comfort when appropriate
- Always Upgrade ALS. Identify when Vitals are abnormal, Decreased Level of Consciousness, etc.
- Serial Vitals q 3-5 minutes and notice trends of pt improvement or deterioration

- Obtain A (PQRST) survey during the secondary exam after Oxygen has been administered, Vitals are delegated, and We have upgraded ALS.
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Aortic Aneurysm Dissection: Occurs when a weakened section of the aortic wall, usually resulting from atherosclerosis, begins to dilate or balloon outward from the pressure exerted by the blood flowing through the vessel. After a prolonged period of time with untreated HTN the Aneurysm may begin to dissect (tear) with each heart beat. This is a life threatening emergency and death may be imminent.

Signs and Symptoms of Aortic Aneurysm Dissection:

- Chest Pain
- Tearing Sensation radiating to Back
- Pain may be felt, especially in the back, when the aneurysm gets large enough, perhaps shortly before rupture occurs.
- Usually, you cannot feel the aorta on physical examination; however, at this final stage, you may be able to feel it as a pulsating mass in the abdomen. This may be difficult or impossible to detect in a heavy-set patient.
- Severely agitated patient
- Pale, Cool, Diaphoretic Skins
- Hypertensive at first- then hypotensive after significant blood loss
- Decreased LOC

BLS Treatment for Aortic Aneurysm Dissection:

- High Flow Oxygen via Non-rebreather mask at 15 LPM hooked up to 100% Oxygen
- Placing Pt. in position of comfort when appropriate
- Immediately Upgrade ALS!!! Identify when Vitals are abnormal, Decreased Level of Consciousness, etc.
- Serial Vitals q 3-5 minutes and notice trends of pt improvement or deterioration
- Obtain A (PQRST) survey during the secondary exam after Oxygen has been administered, Vitals are delegated, and We have upgraded ALS.
- Obtain (SAMPLE) History for medical patient or (History, Allergies, Medications) during Secondary
- Perform a thorough Head-Toe Exam for any Cardiac Patient during Secondary.
- Observe for Pulsating Mass during your Abdominal Exam during the Secondary Survey
- Load and go Situation.