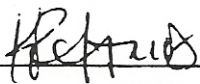


Subject: Treatment Guidelines – ALS Personnel  
**Chest Pain Not Suspicious of Cardiac Origin**

Associated Policies:

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- I. Priorities
  - A. ABC's.
  - B. Shock.
  - C. Degree of distress.
  - D. If in extremis, begin therapy before secondary survey.
  - E. Identify most likely etiology.
  - F. Transport Code 2 – most patients. If shock or severe pain, Code 3.
  
- II. Chest Pain Not Suspicious of Cardiac Origin  
Substernal pain, discomfort or tightness radiating to jaw, left shoulder or arm, nausea, diaphoresis, dyspnea, anxiety.
  - A. Chest Pain (non-specific):  
Atypical pain, chest wall tenderness.
    - 1. Oxygen therapy.
    - 2. Cardiac Monitor.
    - 3. Position of comfort.
    - 4. Contact base hospital.
    - 5. IV access TKO.
  - B. Hyperventilation Syndrome:  
Increased respiratory rate, complaints of inability to get enough air, numbness and tingling of face and extremities. May be associated with chest discomfort and ECG changes. Often difficult to distinguish from chest pain of cardiac origin.
    - 1. Reassure patient.
    - 2. Rule out physiological causes of respiratory distress.
    - 3. Do not use re-breathing device (e.g. paper bag) unless authorized by base hospital.
    - 4. Transport.
    - 5. Contact base hospital.

Approved: 

Approved as to Form: 