 **Chest pain Standing Order**

|  |  |  |  |
| --- | --- | --- | --- |
| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

|  |  |
| --- | --- |
| **Standing Order Name** | Chest pain |
| **Rationale** | To immediately manage patients who are presenting with chest pain with high suspicion of acute coronary syndrome whilst awaiting transfer to hospital. |
| **Scope (condition and patient group)** | Adult patients who present with symptoms of chest pain indicative of acute coronary syndrome (ACS). |
| **Red Flags** | Treat all presentations of chest pain described below as an emergency until proved otherwise. |
| **Assessment** | 1. Need to distinguish between chest pain that is being caused by ACS or other causes.   * Chest discomfort and lasting > 20 minutes, may be a sign of ACS.   + A history of ACS often includes:     - pain predominantly in the chest.     - pain which radiates to the arms, back or jaw.     - pain in one or both arms (more commonly the left arm)   + The discomfort may feel like:     - squeezing; pressing; tightness; fullness or pain   + Along with the chest discomfort, the patient may experience one or more of the following:     - sweating     - feeling faint or dizzy     - feeling sick     - vomiting     - feeling short of breath     - associated with exertion. * The absence of the features above is not a reliable indicator that ACS is not present. ACS is more likely, however if:   + patients with previously stable angina have an abrupt deterioration of their angina with recurrent episodes occurring frequently with little or no exertion.   + pain is similar to the patient's previous angina or MI pain and of extended duration (>20 minutes).   2. Check:   * blood pressure * pulse rate, rhythm and heart murmurs * temperature * Oxygen saturation * Patient’s general appearance.   3. Exclude other conditions e.g., gastrointestinal, musculoskeletal, pericarditis, anxiety / panic disorder, respiratory  4. Check comorbidities and cardiovascular risk factors e.g., smoking, family history, medications, age > 65 years  5. Arrange an ECG (if available)  6. If suspect ACS arrange for urgent transfer to hospital. |
| **Indication** | **To provide immediate treatment whilst awaiting for transfer in patients with high suspicion of ACS** |
| **Medicine** | **Aspirin** 300mg soluble |
| **Dosage instructions** | Chew, then swallow ONE tablet immediately |
| **Route of administration** | Oral |
| **Quantity to be given** | 1 x 300mg soluble tablet |
| **Contraindications** | Allergy to aspirin |
| **Precautions** | * None for immediate one off treatment |
|  |  |
| **Indication** | **To relieve chest pain in patients with high suspicion of ACS** |
| **Medicine** | **Glyceryl trinitrate** (GTN) spray |
| **Dosage instructions** | 1 to 2 sprays under the tongue, repeated after 5 minutes if necessary. |
| **Route of administration** | Sublingual |
| **Quantity to be given** | Up to 3 occasions. |
| **Contraindications** | Systolic BP <90mmHg  Heart rate <40 or >130 BPM.  Erectile dysfunction medications (including sildenafil) in the last 24 hours- Profound hypotension can result. |
| **Precautions** | * Monitor for hypotension and dizziness |
|  |  |
| **Indication** | **If oxygen saturations <94% in patients with high suspicion of ACS** |
| **Medicine** | **Oxygen** |
| **Dosage instructions** | Administer at high flow rate (6-8 L/min) to maintain oxygen saturation at >94% RA |
| **Route of administration** | Simple mask |
| **Quantity to be given** | 6-8 L/minute |
| **Contraindications** | None |
| **Precautions** | * COPD, morbid obesity, those on home O2, those on home CPAP or BiPAP. These patients O2 flow rates should be titrated to patient’s normal SpO2 if this is known. If not known, titrate O2 to SpO2 of 88-92%. |
|  |  |
| **Additional information** | If the chest pain is not controlled by the GTN, then you can follow the pain relief (severe) standing order, which includes morphine. |
| **Follow-up** | Any patient treated under this standing order will need to be transferred to hospital for ongoing management and assessment. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  The Heart Foundation <http://www.heartfoundation.org.nz>  Standing Order Guidelines, Ministry of Health, 2012  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | None |

|  |  |
| --- | --- |
| **Medical Centre or Clinic:** |  |

|  |
| --- |
| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_­­\_