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Acute Coronary Syndrome

- Chest pain is best-known symptom.
 - Crushing, dull, heavy, or squeezing
- Sometimes described only as pressure or discomfort
- Radiates along arms, down to upper abdomen, or up to jaw
- · Dyspnea also found in ACS
 - May be the only finding in some patients

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Acute Coronary Syndrome

- Other symptoms
 - Anxiety, feeling of impending doom
 - Nausea and pain or discomfort in upper abdomen (epigastric pain)
 - Sudden onset of sweating
 - Abnormal pulse
 - (tachycardia/bradycardia)
 - Abnormal blood pressure

Management of Acute Coronary Syndrome

- Patient assessment
 - Perform primary assessment.
 - Obtain history and physical exam.
 - Use OPQRST to get history of present illness.
 - Obtain past medical history.
 - Take baseline vital signs.

Management of Acute Coronary Syndrome

- Patient care
 - Place patient in position of comfort (typically sitting up).
 - Determine if oxygen should be administered.
 - Transport.

Management of Acute Coronary Syndrome Patient care - EKG Perform a 12-lead electrocardiogram (ECG), if trained. Transmit EKG.

Management of Acute Coronary Syndrome

- Patient care Nitro
 - Indications for administering nitroglycerin – 0.4mg
 - Chest pain
 - History of cardiac problems and prescribed nitroglycerin
 - Physician has prescribed nitroglycerin to patient.
 - Patient has nitroglycerin with him.

Management of Acute Coronary Syndrome

- Patient care Nitro
 - Indications (cont.)
 - Systolic blood pressure meets protocol criteria.
 - Patient has not had Viagra or similar drug for erectile dysfunction within fortyeight to seventy-two hours.
 - Medical direction authorizes administration of the medication.

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Management of Acute Coronary Syndrome

- Patient care Nitro
 - After giving one dose of nitroglycerin, repeat dose in 5 minutes if:
 - Patient experiences no relief or only partial relief.
 - Systolic blood pressure remains greater than 90 to 100 systolic.
 - Medical direction authorizes another dose of medication.

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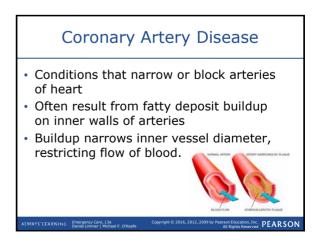
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Management of Acute Coronary Syndrome
Patient care - ASA
Indications for administering aspirin – 162 to 324mg
Chest pain
Patient not allergic to aspirin
No history of asthma

Management of Acute Coronary Syndrome

- Patient care
 - Indications for administering aspirin
 - Patient not taking medications to prevent clotting
 - No other contraindications to aspirin
 - Ability to safely swallow
 - Medical direction authorization

Causes of Cardiac Conditions

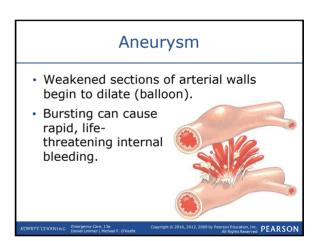


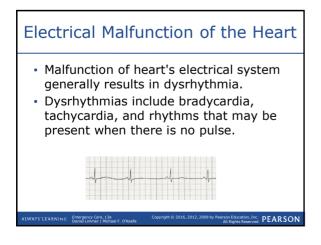
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Coronary Artery Disease Thrombus Occlusion of blood flow caused by formation of a clot on rough inner surface of diseased artery Can break loose and form an embolism Emboli can move to occlude flow of blood downstream in a smaller artery.

Coronary Artery Disease Reduced blood supply to myocardium causes cardiac-related emergency Chest pain is most common symptom of reduced blood cumple

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Mechanical Malfunctions of the Heart

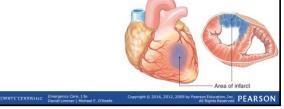
- Angina pectoris
- Acute myocardial infarction (AMI)
- Congestive Heart Failure (CHF)

Angina Pectoris

- Chest pain caused by insufficient blood flow to the myocardium
- Typically due to narrowed arteries secondary to coronary artery disease
- Pain usually during times of increased myocardial oxygen demand, such as exertion or stress

Acute Myocardial Infarction (AMI)

- Death of a portion of the myocardium due to lack of oxygen
- Coronary artery disease is usually the underlying reason.



Congestive Heart Failure

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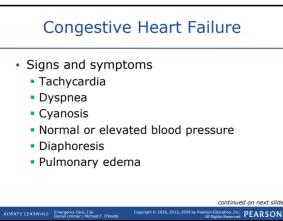
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- Inadequate pumping of the heart
- Often leads to excessive fluid buildup in lungs and/or body
- May be brought on by diseased heart valves, hypertension, obstructive pulmonary disease
- Often a complication of AMI

Congestive Heart Failure

Progression

- Patient sustains AMI
 Myocardium of left ventricle dies
- Because of damage to left ventricle, blood backs up into pulmonary circulation and lungs
- If untreated, left heart failure commonly causes right heart failure



Congestive Heart Failure

Signs and symptoms

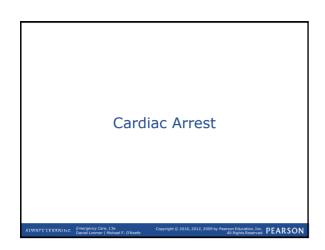
- Anxiety or confusion due to hypoxia
- Pedal edema
- Engorged, pulsating neck veins (late sign)
- Enlarged liver and spleen with abdominal distention (late sign)

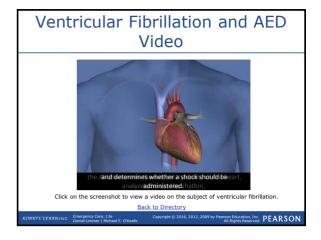


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Immediate Recognition and Activation

- Requires prompt notification of EMS system
- Most likely a bystander responsibility

Early CPR

- Increases survival chances significantly
- Three ways CPR can be delivered earlier
 - Get CPR-trained professionals to patient faster.
 - Train laypeople in CPR.
 - Train dispatchers to instruct callers how to perform CPR.

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Early CPR High-Performance CPR Changes implemented in resuscitation efforts Compressing the chest at least 2 inches in adults Allowing for full relaxation on the upstroke of compressions

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 Spending half of each compression on the downstroke and half on the upstroke continued on next slide

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Early CPR

• High-Performance CPR

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- Using correct hand position
- Compressing the chest at least 100-120 times per minute
- Spending no more than one second on each ventilation
- Minimizing interruptions of CPR to no more than 10 seconds each

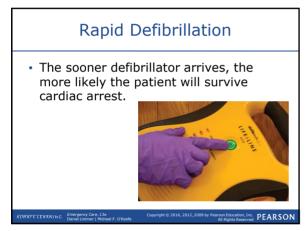
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Early CPR

- High-Performance CPR
 - Key is increasing cardiac output.
 - Since most cardiac arrests in adults are the result of cardiac problems, not respiratory problems, there is enough oxygen in the bloodstream to maintain metabolic processes for several minutes.



Effective Advanced Life Support

- Generally provided by EMT-Paramedics who respond to scene or rendezvous with BLS unit en route to hospital.
- Rapid transport to hospital may be the most time-efficient means of obtaining ALS.

Integrated Post-Cardiac Arrest Care

 Coordinating numerous means of assessment and interventions that, together, maximize the chance of neurologically intact survival

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Integrated Post-Cardiac Arrest Care

- Maintaining adequate oxygenation
- Avoiding hyperventilation
- Performing 12-lead ECG
- Finding and managing treatable causes of arrest
- Determining appropriate destination for patient
- Possibly inducing hypothermia

Management of Cardiac Arrest

- EMT provides two links in the chain of survival.
 - Early CPR
 - Rapid defibrillation

Management of Cardiac Arrest



Management of Cardiac Arrest

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- Perform one- and two-rescuer CPR.
- Take Standard Precautions.
- Use an automated external defibrillator.
- Request ALS (when available) to continue the chain of survival.
- Use a bag-valve mask device with oxygen.

Management of Cardiac Arrest

- Use flow-restricted, oxygen-powered ventilation device.
- Lift and move patients.
- Suction patient's airway.
- Use airway adjuncts.
- Interview bystanders and family members.

Automated External Defibrillator (AED)

Types of AEDs

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- Semi-automatic
 - Advises EMT to press button that causes machine to deliver shock through pads
- Fully automatic
 - Does not advise EMT to take any action
 - Delivers shock automatically

Automated External Defibrillator (AED)

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- Types of AEDs
 - Classified by type of shock delivered
 Monophasic
 - Sends single shock from negative pad to positive pad
 - Biphasic
 - Sends shock in one direction and then the other

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Automated External Defibrillator (AED)

- How AEDs Work
 - Analyzes cardiac rhythm to determine whether shock is indicated
 - Shockable rhythms are:
 Ventricular fibrillation
 - Ventricular tachycardia



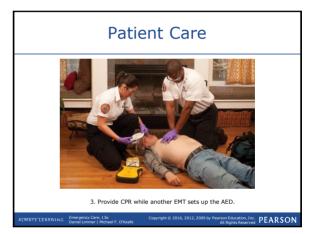
Coordinating CPR and AED for a Patient in Cardiac Arrest

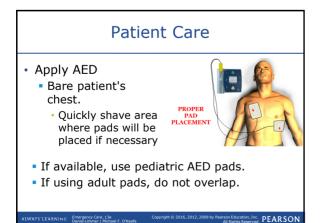
- Interrupt CPR only when absolutely necessary and for as short a period as possible.
- CPR must be paused for rhythm analysis and defibrillation.

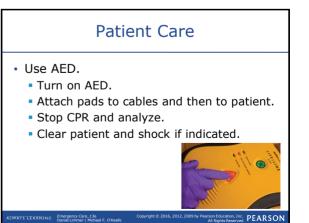


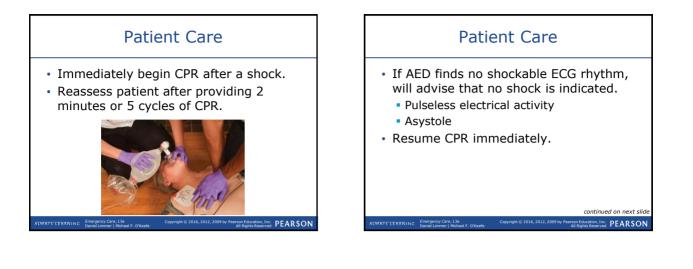
- Bystanders performing CPR on arrival:
 Briefly have them stop.
 - Verify pulselessness, apnea, absence of
 - other signs of life no longer than 10 seconds.

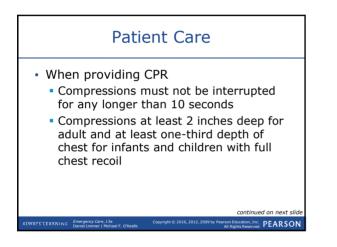


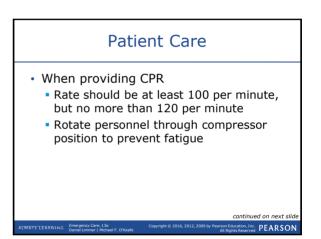


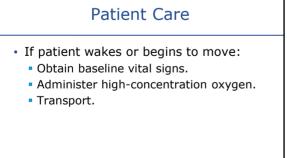




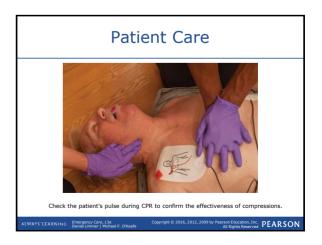








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Special Considerations for AED Use

General Principles

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- One EMT operates the defibrillator while another does CPR.
- CPR must include high-quality compressions.
- Defibrillation comes first.
- You must be familiar with the model of AED used in your service.

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Special Considerations for AED Use

- General Principles (cont.)
 - All contact with the patient must be avoided during rhythm analysis.
 - Pulse checks should not occur during rhythm analysis.
 - State, "Clear!" and be sure everyone is clear of the patient before delivering every shock.

Special Considerations for AED Use

General Principles

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- Check the batteries at the beginning of your shift, and carry a spare.
- If you have delivered three shocks and are without backup, prepare patient for transport.
- An AED is often not able to analyze a rhythm accurately in a moving emergency vehicle.

Special Considerations for AED Use

- Coordination with ALS Personnel
 - Notify as soon as possible to greater the patient's chance of survival.
 - If the team arrives before you have finished the first shock, they should allow you to complete the shock.
 - Your actions may depend on location of the arrest and estimated time of arrival of the ALS team.

Special Considerations for AED Use

 Coordination with Others Who Defibrillate before You Arrive

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- Let the operator of the AED complete the shock before you take over care of the patient.
- You may need to take the first AED to the hospital with the patient so data can be retrieved from the machine.
- Your protocols will dictate transfer of care.

Post-Resuscitation Care

- If patient has a pulse
 - Manage airway.
 - Avoid hyperventilation.
 - Keep defibrillator on patient during transport in case patient goes back into arrest.
 - Reassess frequently (every 5 minutes).
 - Consider hypothermia protocols.

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Post-Resuscitation Care

- · If patient has no pulse
 - You will need to resume CPR.
 - AED will have given you a "No shock indicated" message.
 - AED may be prompting you to analyze the rhythm because it "thinks" there is a shockable rhythm.

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Post-Resuscitation Care

- Ensure adequate ventilation and oxygenation
 - Adjust amount to no more than what is necessary to achieve oxygen saturation of 94 percent
- Protocol may require you to place the patient in therapeutic hypothermia.
- Use techniques of lifting and moving.

Patients Who Go Back into Cardiac Arrest

- Stop the vehicle and resume CPR.
- Have someone else start CPR if the AED is not immediately ready.
- Analyze rhythm as soon as possible.
- Deliver shock if indicated.
- Continue with 2 shocks separated by 2 minutes (5 cycles).

Witnessed Arrests in the Ambulance

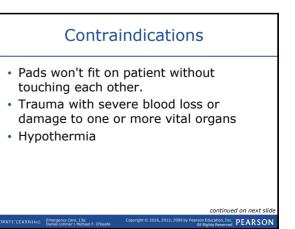
- No guarantees, but very good chance of reviving patient because you can defibrillate very shortly after patient goes into shockable rhythm
- Stop the vehicle and treat this patient like any other patient in cardiac arrest.

Single Rescuer with an AED

 Apply the AED and defibrillate immediately

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- Once shock delivered or received "No shock indicated," begin chest compressions.
- After about 2 minutes, check rhythm again and shock as needed.



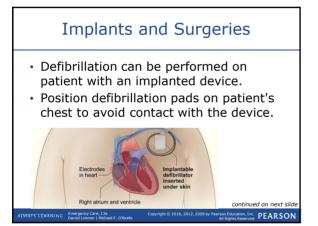
Contraindications

- Do not defibrillate soaking-wet patient.
- Do not defibrillate if patient is touching anything metallic that other people are touching.
- Remove nitroglycerin patches before defibrillating.
- Verbally and visually "CLEAR!" patient before defibrillating.

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AED Safety





Implants and Surgeries

- Some devices and surgeries you may observe in the field include:
 - Cardiac pacemaker
 - Implanted defibrillator
 - Ventricular assist device
 - Cardiac bypass surgery



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Quality Improvement

- · Involves multiple functions
 - Medical direction
 - Initial training
 - Maintenance of skills
 - Case review

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- Trend analysis
- Strengthening links in chain of survival

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Quality Improvement

Maintenance

- Use checklist at beginning of every shift to ensure you have all supplies and AED is functioning properly.
- Make sure battery is charged and you have a spare with defibrillator.

Mechanical CPR Devices

- Mechanical devices assist EMTs to provide high-quality compressions.
- Using the LUCAS CPR device
 - Stop CPR just long enough to put the LUCAS base plate under the patient.
 - Apply stabilization strap before moving the patient.
 - Upon termination of arrest or return of spontaneous circulation, power down.

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Mechanical CPR Devices



Terminating Resuscitation

- Once you start resuscitation, you must continue until:
 - Spontaneous circulation occurs.

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- Then provide rescue breathing as needed.
- Spontaneous circulation and breathing occur.
- Another trained rescuer can take over for you.

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Terminating Resuscitation

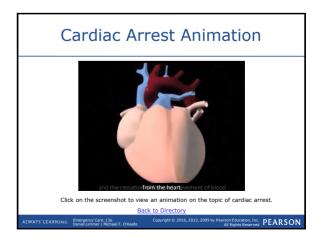
- Once you start resuscitation, you must continue until:
 - You turn care of patient over to a person with higher level of training.
 - You are too exhausted to continue.
 - You receive a "no resuscitation" order from a physician or other authority per local protocols.

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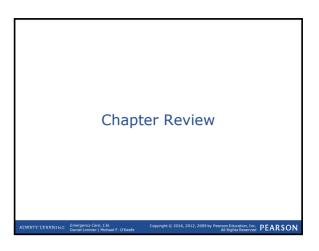
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Criteria to determine when it is reasonable to stop without missing anyone who has a chance of survival

- Arrest not witnessed by EMS personnel or first responders
- No return of spontaneous circulation after three rounds of CPR and rhythm checks with an AED
- AED did not detect a shockable rhythm and did not deliver any shocks.





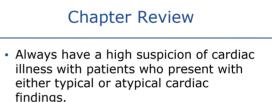


Chapter Review Patients with cardiac compromise or ACS can have many different presentations. Chest pain or chest pressure Difficulty breathing Mild or moderate discomfort Pain or pressure that comes and goes Between 10 and 20 percent of heart attack patients have no chest discomfort.

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- Patients with suspected ACS need:
 - Oxygen if hypoxic
 - Prompt, safe transport
 - Assist with, or administration of Nitro and possibly Aspirin

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Remember

• Oxygen, nitroglycerine, and aspirin are key medications indicated to treat ACS. However, the definitive treatment is transportation of the patient to a facility that can open the blocked artery.

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Chapter Review

- To provide maximum chance of survival for patients in cardiac arrest, EMS agencies must strengthen their performance of the chain of survival:
 - Immediate recognition and activation
 - Early CPR
 - Rapid defibrillation

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- Effective ALS
- Integrated post-cardiac arrest care

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Remember

- The most important element of cardiac arrest care is the administration of high-quality chest compressions.
- The American Heart Association's chain of survival describes the key elements necessary to maximize the cardiac arrest patient's chance of survival.

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Most cardiac conditions are caused by arterial problems. Angina pectoris and acute myocardial infarction are caused by inadequate perfusion of the heart. Heart failure can be caused by either

Remember

• Heart failure can be caused by either electrical or mechanical problems.

Remember

- AED provides early defibrillation in cardiac arrest patients with ventricular tachycardia and ventricular fibrillation.
- Post-cardiac arrest care is an essential element of cardiac arrest care.
- Mechanical CPR devices provide automated chest compressions in cardiac arrest settings.

<section-header><list-item><list-item><list-item><list-item><list-item> <section-header> Operations to Consider • Meter position is best for a patient with: • Difficulty breathing and a blood pressure of 100/70: • Describe how to "clear" a patient before solution is clear a

Questions to Consider

- List three safety measures to keep in mind when using an AED.
- List the steps in the application of an AED.

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Critical Thinking

 A 78-year-old male has been complaining of severe shortness of breath for 20 minutes prior to your arrival. When you arrive, you find the patient unconscious and not moving. What are your immediate priorities?