

PROTOCOL FOR: Myocardial Infarction (MI): Management of Myocardial Pain

DESIRED

PATIENT OUTCOME: Chest pain will be managed and/or resolved within a timely manner.

CLINICAL  
ASSESSMENT

AND CARE:

1. Assess all cardiac patients for chest pain on admission; obtain history of duration, quality, location, presence/absence of radiation, factors associated with onset and decrease, and recent treatment by previous units. Document on database.
2. Assess all MI or Rule-out MI patients for chest pain every 2-4 hours during the shift while awake.
3. Avoid term "pain" unless used by patient. Always question patient in the terms he has used (recorded on Data Base).
4. When chest discomfort is determined to be present, obtain the following:
  - a. Activity/circumstances of pain
  - b. Location
  - c. Radiation/location
  - d. Duration/intensity
  - e. Character (dull, ache, sharp)
  - f. Alteration with breathing/position
5. Assess to differentiate myocardial pain from pericardial (pericarditis) pain; if MI post 48-72 hours, have patient deep breathe and lean forward (if appropriate for patient's condition); if pain diminishes, auscultate for friction rub and withhold narcotics; notify physician and discuss use of salicylates for inflammatory effect.
6. Record a 12 Lead EKG with pain; assess for rate and rhythm changes especially ectopic rhythms/beats due to pain-anxiety-ischemia-pain cycle. On Med/Surg floor a 12 lead EKG will be recorded and read by the MD; Administer 2 baby aspirin unless otherwise contra indicated.
7. During pain episode, assess:
  - a. V/S (including minute apical/radial rate)
  - b. P/A extra heart sounds (S<sub>3</sub> or S<sub>4</sub>)
  - c. Check for rales for LVF

PROTOCOL FOR: Myocardial Infarction (MI): Management of Myocardial Pain

- d. Observe JVP for RVF
  - e. Observe skin color, condition
  - f. Note breathing pattern (SOB)
8. Administer oxygen via cannula at 2-4 L/Minute or as ordered.
9. Administer SL NTG per MD order; consider ASA order from MD if patient not already on it.
10. Place patient in position of comfort, preferably semi-fowlers.
11. Administer narcotics as ordered by physician:
- a. Titrate drug IV push in slow incremental injections per ICU Standards. (ICU only).
  - b. Gather Heparin and NTG drips per old MD's order. Create calm atmosphere conducive to pain alleviation.
  - c. Stay with patient; positively reinforce drugs' ability to relieve pain.
  - d. Assure patient that pain is normal part of MI process.
  - e. Question patient about relief between increments; explain to patient that staff desires him to be absolutely PAIN FREE.
  - f. Reinforce that patient is to tell you of return of discomfort, or if no relief.
12. Obtain 12 lead ECG with all new pain and return of pain after 4-6 hours of being pain free.
13. Obtain CK-MB, RI and troponin if not drawn already.

REPORTABLE  
CONDITIONS:

- 1. Inform physician if narcotics fail to relieve pain. Discuss use of NTG (drip or paste) with physician. (NTG drip is maintained in ICU & CSDU).
- 2. Notify House Officer of continued or recurring discomfort.
- 3. Vital Signs outside MD parameters.

PROTOCOL FOR: Myocardial Infarction (MI): Management of Myocardial Pain

APPROVAL: ICU Standards Committee  
Nursing Standards Committee  
Medical-Surgical Standards Review  
Cardiac Step-Down Standards Committee

EFFECTIVE DATE: 2/88

REVISION DATES: 2/90, 9/90, 1/92, 1/93, 5/94, 8/94, 1/95, 3/96, 11/97, 8/99,  
1/02, 10/03