



CHEST PAIN / AMI

Standing Admission Orders Page 1 of 3

1. **ADMIT TO UNIT:** _____ with Telemetry Observation
DIAGNOSIS: Chest Pain Unstable Angina Non-ST-Elevation AMI ST-Elevation AMI

2. **ATTENDING:** _____ PRIMARY CARE PHYSICIAN _____
 CONSULT: Cardiologist _____
 Other _____ Reason _____

3. **Laboratory studies:** Check to be sure all ED initial orders are complete and results are posted on the chart.
 If any of these orders are not complete, do them now: Troponin, CBC with differential, BUN/CR, LYLES, GLUCOSE
 Repeat Troponin STAT at 6 hours from initial Troponin. (*Total of 2 Troponins*)
 Lipid Profile if patient admitted to hospital (run Lipid Profile on ED specimen)
 CKMB at same time as repeat Troponin
 PT/PTT per local heparin protocol (if heparin initiated)
 PT if patient on warfarin (Coumadin®)
 Type and Screen
 Labs in A.M.: _____

4. **Ancillary orders:**
 Pulse ox on admission then every shift and as needed for respiratory distress. If less than 92%, notify doctor.
 O₂ 2-4L/minute per NC, titrate to maintain O₂ sats greater than 92%. Re-evaluate need in 24 hours per RT protocol.
 If patient develops chest pain/angina symptoms: STAT EKG to be reviewed by Cardiology fellow, physician assistant, nurse practitioner or house physician. Report EKG findings and symptoms to Cardiologist.
 Cardiac Rehabilitation referral (for diagnosis AMI). If not available onsite, Case Manager to screen and refer.
 EKG on arrival to unit and in A.M. Right sided EKG
 Portable Chest XRay if not done in ED. Reason: AMI, _____

FOR CHEST PAIN: STRESS TEST after 2 negative serial enzymes (including initial ED draw). If cardiology clearance obtained, may initiate after 1 negative enzyme.

- Exercise (treadmill) Stress Test [*Recommended if EKG normal*]
- Exercise Stress Test with Nuclear (Thallium) Scan
- Pharmacological (Adenosine or Persantine) Stress with Nuclear Scan [*for patients who cannot exercise*]
- Dobutamine Stress echocardiogram
- Exercise stress echocardiogram

5. **Diet (select all applicable)**
 No caffeine
 Cardiac: Low fat, Low Cholesterol, no added salt
 NPO, continue meds with small sips of water
 Diabetic
 Other: _____

Phone order taken by and read back by:		Date/Time:
Transcriber's Signature:		Date/Time:
Prescriber's Printed Name:	Noting Nurse's Signature:	Date/Time:
Prescriber's Signature:	Beeper Number/ID Number	Date/Time:



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Allergy/Sensitivities and Reactions	Height: _____ <input type="checkbox"/> Inches <input type="checkbox"/> Cm	Weight: _____ <input type="checkbox"/> Kg <input type="checkbox"/> Lb <input type="checkbox"/> Actual <input type="checkbox"/> Estimated
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6. Activity:

- Progress as tolerated with assist
- Bed rest
- Other: _____

7. Miscellaneous:

- Obtain and record admission weight and height if not done in ED. Notify pharmacy.
- VS per unit protocol. Other: _____
- I&O every eight hours
- Record daily weights
- Smoking cessation counseling if positive history of smoking (Tips to stop smoking, smoking cessation resources & quitting smoking video)
- For AMI:** Nursing to provide Healthy Living planner and educate concerning: meds, diet, risk factor modification.
- For AMI:** Cardiology Discharge Instructions to be completed & given to patient at discharge; file copy in medical record
- Nursing pneumococcal and influenza vaccine screen and administration per local protocol. If patient on anticoagulation therapy, administer vaccine with fine needle (20-25 gauge), apply firm pressure to site (with out rubbing) for 2 minutes.

Please utilize medication reconciliation form for evaluation of pre-admission medications.

8. MEDICATIONS:

- Start #1 IV of _____ at _____ ml/hour #2 IV of _____ at _____ ml/hour
- IV Saline Lock

ANTICOAGULATION

- Heparin IV loading dose and maintenance dose per local protocol Anticoagulation Dosing Service if available
- Or** Enoxaparin _____ mg (1 mg/kg) subcutaneous every 12 hours (max dose = 150 mg every 12 hours)

ASPIRIN OR ASA contraindicated, Reason: _____

- Give first dose NOW if not given previously:
 - Chewable Aspirin 81 mg, 4 tabs orally NOW, **if not given in ED.**
 - Aspirin Enteric coated 325 mg orally daily.
 - Aspirin 300 mg suppository once daily per rectum if patient unable to take oral meds.

OTHER ANTIPLATELET (add to Aspirin for high risk patients)

- Clopidogrel (Plavix®) _____ mg (recommended 300-600 mg) orally now (if not given in ED), **then** Clopidogrel (Plavix®) 75 mg orally daily (**prescriber note:** unless ST elevation).
- Clopidogrel (Plavix®) 75 mg orally daily (**prescriber note:** unless ST elevation).

(MEDICATIONS CONTINUED ON NEXT PAGE)

Phone order taken by and read back by:		Date/Time:	
Transcriber's Signature:		Date/Time:	
Prescriber's Printed Name:	Noting Nurse's Signature:	Date/Time:	
Prescriber's Signature:	Beeper Number/ID Number	Date/Time:	



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MEDICATIONS (continued)

BETA BLOCKER **OR** **Beta Blocker contraindicated, Reason:** _____

- Give first dose NOW if not given previously:
 - Metoprolol (Lopressor®) _____ mg orally every _____ hours, **OR**
 - Carvedilol _____ mg orally every 12 hours (recommended for patients with LV dysfunction)
 - Metoprolol (Lopressor®) 5 mg IV push over 2 minutes times 3 doses every 5 minutes (optional; recommended if persistent ischemic symptoms, hypertension or tachycardia)
- If heart rate less than 50 or Systolic BP less than 90 mm/Hg, hold Beta Blocker AND notify physician**

ACE INHIBITOR/ARB **OR** **ACE/ARB intolerance/contraindicated, Reason:** _____

- Lisinopril (Prinivil®) _____ mg orally once daily
- Captopril (Capoten®) _____ mg orally every _____ hours
- Enalapril (Vasotec®) _____ mg orally every _____ hours
- Losartan (Cozaar®) _____ mg orally daily
- If systolic BP less than 100 mmHg, hold ACE/ARB inhibitor and notify physician.**

CHOLESTEROL LOWERING DRUG (regardless of LDL)

- Simvastatin (Zocor®) _____ mg orally at bedtime

NITRATES Do not administer if Sildenafil, Vardenafil taken within past 24 hours or Tadalafil for prior 48 hours

- Nitroglycerin drip standard concentration (50 mg/250 ml) in D₅W. Start at 5-10 mcg/minute. Titrate for relief of chest pain. Maintain systolic blood pressure greater than 100 mm/Hg.
- Nitroglycerin ointment _____ inch topical every _____ hours to anterior chest wall.
- Nitroglycerin 0.4 mg sublingual as needed for chest pain. May repeat every 5 minutes times 2. Keep at bedside. Hold if systolic BP less than 90 mm Hg.

OTHER MEDICATIONS

- Discontinue all non-steroidal anti-inflammatory drugs (e.g. ibuprofen, naproxen) except aspirin.**
- Hydromorphone (Dilaudid®) 0.5 mg IV Push every 1 hour as needed for pain (not to exceed 4 mg per 8 hour shift)
- Morphine Sulfate 2 mg IV Push every 1 hour as needed for pain (not to exceed 16 mg per 8 hour shift)
- Diuretic _____
- Docusate sodium (Colace®) 100 mg orally twice daily
- Maalox® 30 ml (or equivalent) orally every 4 hours as needed for heartburn
- Alprazolam (Xanax®) 0.25 mg orally every 6 hours as needed for anxiety or restlessness. *May repeat HS dose for sleep x 1 for total of 0.5 mg/24 hours for sleep*
- Acetaminophen (Tylenol®) 650 mg orally every 4 hours as needed for discomfort (maximum 4 grams/24 hours.)
- Nicotine patch _____ mg (14 or 21 mg) daily applied topically

VTE prophylaxis - Use separate VTE prophylaxis form for Adult Standing Orders.

Glycemic Control - Use separate Adult Insulin Standing Orders

Phone order taken by and read back by:		Date/Time:
Transcriber's Signature:		Date/Time:
Prescriber's Printed Name:	Noting Nurse's Signature:	Date/Time:
Prescriber's Signature:	Beeper Number/ID Number	Date/Time:

Form transmitted to pharmacy: Date/Time: _____ By: _____