

ALLERGIES/MEDICATION SENSITIVITIES

Physician Orders for: MI, R/O MI, UNSTABLE ANGINA (Page 1 of 2)

FOR ALL ORDERS, USE BLANKS TO INDICATE THE NEED FOR ADDITIONAL INFORMATION AND BOXES TO INDICATE OPTIONAL ORDERS. IF BOXES ARE NOT CHECKED, ORDERS WILL NOT BE CARRIED OUT

- Admit inpatient**, *anticipate greater than 24 hour length of stay*
- Observation**, *anticipate one overnight stay or less*

VITAL SIGNS: Vital signs per unit policy; then every 4h while awake and PRN
Initiate Cardiac Monitoring preprinted orders

GUIDELINES: Initiate Acute Coronary Syndrome or Acute Myocardial Infarction guidelines

CODE STATUS: Full Code DNR DNI

ACTIVITY: Bedrest Bedrest/Bedside commode Bedrest/Bathroom privileges
 Out of Bed (OOB) to chair Progress as tolerated

DIET: Heart Healthy diet as tolerated
 Consistent Carbohydrate Heart Healthy Diet
 Other _____

TREATMENTS: Daily weight
I&O
Titrate O₂ 0-6 L NC to keep O₂ Sat greater than 92%, PRN for chest pain or shortness of breath
RN to screen for Smoking Cessation Education
RN to screen for Vaccine Protocol

CONSULTS: Nutrition consult
Occupational Therapy/Physical Therapy Evaluate and Treat if positive for MI
Evaluation for Outpatient Cardiac Rehabilitation referral

LABORATORY: If not drawn in the ED, then obtain:
CK isoenzyme, Troponin I draw **STAT**
 CK isoenzyme, Troponin I - 8-12 hours after initial set
 CK isoenzyme, Troponin I - 16-24 hours after initial set
 CBC w/diff (Reflex) Prothrombin Time PTT Urinalysis Reflex
 Comprehensive Metabolic Panel (Na, K, Cl, CO₂, Calcium, Glucose, BUN, Creat, Albumin, Alk. Phos, AST, ALT, Total Bili, Total Protein)
 Serum Magnesium Hemoglobin A1C
 Lipid Panel (includes Cholesterol, Triglycerides, HDL)

DIAGNOSTICS: If not done in the ED, then obtain:
Stat 12 lead EKG on admission and every morning x 2, and PRN for chest pain
Portable chest x-ray
 Echocardiogram STAT
 Echocardiogram within 24 hours

Signature _____ Date _____ Time _____

Form # **P50025** (formerly P902918)

Date: 1/95, revised: 1/97, 2/97, 8/97, 9/97, 2/00, 4/00, 6/00, 1/02, 4/02, 12/03, 01/04, 8/04, 12/04, 6/05, 5/06, 6/06, 8/06, 2/07

Sent Copy to Pharmacy: Initials _____ Date _____ Time _____

ALLERGIES/MEDICATION SENSITIVITIES

Physician Orders for: MI, R/O MI, UNSTABLE ANGINA (Page 2 of 2)

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MEDICATIONS: (MEDICATIONS MAY BE INTERCHANGED AS APPROVED BY THE P&T COMMITTEE)

- Famotidine (Pepcid) 20 mg PO every 12h
- Famotidine (Pepcid) 20 mg PO every 24h, if CrCl below 30 ml/min
- Zolpidem (Ambien) 5 mg PO nightly PRN difficulty sleeping, may repeat x 1

Nitroglycerin 0.4 mg SL every 5 min PRN chest pain, may repeat x 2 if no relief
 If Nitroglycerin SL ineffective, Morphine Sulfate 2-5 mg IV every 5 min PRN chest pain and notify MD
 IV Nitroglycerin drip-titrate until pain free, 200 mcg/min max (maintain systolic BP greater than 90 mm Hg)

STAT chewable Aspirin 81 mg 4 tabs PO to be chewed on admission (unless given in the ED)

Enteric Coated Aspirin 81 mg PO daily 325 mg PO daily 300 mg PR daily

Reason aspirin not ordered: _____

- IV Heparin Infusion per preprinted orders **OR**
- Enoxaparin (Lovenox) 1 mg/Kg every 12h subcutaneous* (Kg _____)
 *if creatinine clearance (based on ideal body weight) is less than 30 ml/min, consult pharmacy for dosing

- Clopidogrel (Plavix) 300 mg PO (single dose) now
- Clopidogrel (Plavix) 75 mg PO every day (start next day if loading dose given)
- Eptifibatid (Integrilin) 180 mcg/Kg (maximum 22.6 mg) IV over 1-2 minutes, then 2 mcg/Kg/min infusion (maximum 15 mg/h)**
 **if creatinine clearance (based on total body weight) is less than 50 ml/min or serum creatinine greater than 2 mg/dl, consult pharmacy for dosing

Beta Blockers are indicated for all patients with Acute Coronary Syndrome. If not given in the Emergency Dept., give dose now or within 12 hours if beta blocker was taken at home. If intolerant of beta-blocker therapy, rationale for withholding therapy must be documented.

- Metoprolol _____ (hold for symptomatic hypotension or HR equal to or less than 50)
- Toprol XL _____ (hold for symptomatic hypotension or HR equal to or less than 50)
- Other _____ (hold for symptomatic hypotension or HR equal to or less than 50)

Reason not ordered: Allergy/intolerance _____ Bradycardia/hypotension
 Reactive airway disease Other _____

ACE Inhibitors are indicated for every patient with CAD who has Diabetes, Hypertension or an Ejection Fraction (EF) of less than 40% or documented LVSD. **Angiotensin Receptor Blockers (ARB)** may be appropriate for patients with ACE intolerance.

ACE Inhibitor: (hold for symptomatic hypotension)

- Enalapril 2.5 mg PO BID Captopril 6.25 mg PO TID Fosinopril 5 mg PO daily
- Lisinopril 5 mg PO daily Quinapril 5 mg PO BID Benazepril 5 mg PO daily
- Ramipril 2.5 mg PO BID Alternative dose of _____

ARB _____ (hold for symptomatic hypotension)

If intolerant to ACE Inhibitor therapy and/or ARB, rationale for withholding **both therapies** must be documented.

Reason ACE ARB not ordered:

- Allergy/intolerance Mod-severe aortic stenosis Hypotension Cough
- Renal insufficiency Other _____

Signature _____ Date _____ Time _____

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