ACUTE CORONARY SYNDROME/ NSTEMI/ UNSTABLE ANGINA ORDERS

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Status : See Initial Order - Patient Status already completed by MD

Admitting Diagnosis:

DIAGNOSIS :
☐ Acute Coronary Syndrome  ☐ NSTEMI
☐ STEMI  ☐ STEMI equivalent (posterior AMI or new LBBB)

Allergies: _______________________________________________________________________

If Allergic to PCN/Cephalosporin or carbapenem - Reaction:
☐ Anaphylaxis/Breathing difficulties  ☐ Urticaria  ☐ Delayed Rash  ☐ Unknown  ☐ Other

Reaction investigated & Patient may receive Cephalosporin or Carbapenem:   ____ Yes   _____ No

CODE STATUS: ☐ Full Code  see DNR Physician Order Form

Bed Type: ☐ ICU  ☐ Telemetry  ☐ 4HVT  ☐ Regular

Consults:
Dr. ______________________  re:  _____________________ to see:    STAT / TODAY / IN AM
Dr. ______________________  re:  _____________________ to see:    STAT / TODAY / IN AM
Dr. _______________________re:   Courtesy Notification

Therapy:
☐ Cardiac rehab  ☐ Physical  ☐ Occupational  ☐ Wound care  ☐ Speech  ☐ Palliative Care
☐ Consult Case Management/Discharge Planner

Nursing:
☐ Refer to Disease Specific Orders
☐ Vital signs (Q4)_____hrs (Pulse oximetry with VS)  ☐ Continuous pulse oximetry  ☐ Telemetry Monitoring
☐ Notify MD:  ☐ HR (120/min) > ________  or  ☐ HR (50/min) < ________  Temp (101F) > ________
SBP (90mmHg) < ________  or  (180mmHg) > ________  SPO2 (90%) < ________
☐ Urine Output (120mL / 4hrs) < ________  Respirations>(30/min)___________ Other : _______
☐ Height and weight on arrival  ☐ Daily weights
☐ I & O  ☐ Q4hrs  ☐ Q8hrs
☐ Place Foley Catheter  Indication: _____________________________________________

Activity: ☐ Bedrest  ☐ OOB with assist/ fall risk  ☐ BRPs  ☐ OOB ad lib

Nutrition / Diet:
☐ Regular  ☐ Clear liquids  ☐ Full liquid  ☐ NPO  ☐ NPO except medications  ☐ Low Fat
☐ 2gm Na  ☐ 60 gm Consistent Carb  ☐ Ice chips only  ☐

Glucose Monitoring:
☐ Initiate FSBG Q6hr (NPO)  or  QAC and QHS (Eating)
☐ Initiate Hypoglycemia protocol if BG < 70 and notify MD
☐ If 2 consecutive FSBG > 200 mg/dL, notify MD for orders
☐ See completed Glycemic Control Order Set - for Insulin Orders

RESPIRATORY: ☐ Nasal Cannula @ _______L/min OR ☐ Face Mask @ _______FiO2  □ Wean O2 per protocol

VTE Risk And Prevention: Moderate-High RISK
☐ Bilateral Sequential Compression Devices – SCDs
☐ Lovenox 40mg SQ Q 24hrs  (caution in patients with CrCl < 30ml/min; heparin is preferred )
☐ Heparin 5000 units SQ Q 8hrs
☐ Anticoagulation Contraindicated because: ☐ High risk of bleeding
☐ On therapeutic anticoagulation
☐ Other: ____________________________

Nurse Monitoring
• Notify physician for heme positive stool.
• Notify MD immediately for potential of heparin–induced thrombocytopenia (HIT) if platelet count is < 150,000 mm3 or platelet count drops > 50% from baseline.

IVF:
☐ ______________________ Rate cc/hr ☐ ______________________ Additive ☐ Saline lock

Labs:
☐ CBC without diff  ☐ PT /INR  ☐ PTT  ☐ BMP  ☐ LFT’s  ☐ CMP
☐ Mg  ☐ Phosphorus  ☐ Ionized Calcium  ☐ BNP  ☐ HgbA1C  ☐ TSH
☐ Blood cultures x 2 per algorithm  ☐ UA with micro  ☐ Urine culture  ☐ Sputum culture & gram stain
☐ Other __________________________

MD Signature:          Date:                         Time:                         

RN Signature:          Date:                         Time:                         

*1028*
**ACUTE CORONARY SYNDROME/ NSTEMI/ UNSTABLE ANGINA ORDERS**

**STAT LABS:**
- CPK, CPK-MB, troponin q 8hrs X 3
- PT/INR  PTT Urine Drug Screen if not done in ED
- CMP, Magnesium
- In am Labs
  - BMP x _________ days
  - CBC fasting lipid panel
- Other

**DIAGNOSTICS:**
- 12-lead EKG NOW in AM
- 12-lead EKG with Chest Pain
- Exercise Stress Test today or in AM
- Nuclear Stress Test today or in AM
- ECHO with Color Doppler (if not done in previous 12 months or if prior EF is unavailable).
- Indication: ________________________ MD to read (if Cardiology is not admitting): ___________
- Chest XR X Ray Indication: AMI Portable STAT

**Medications:** Refer to med reconciliation sheet
- Aspirin 324 mg PO chew and swallow X 1 dose if not already taken then
- Aspirin 81 mg PO daily
- Clopidogrel (Plavix®) 75mg PO daily or Prasugrel (Effient®) 10mg PO daily
- Atorvastatin (Lipitor®) ______ mg PO daily or Simvastatin (Zocor®) ________ mg PO daily
- Beta Blocker: Metoprolol (Lopressor®) ______ mg PO q ______ hrs
- NTG 0.4 mg SL every 5 min x 3 prn chest pain and call MD
- Isosorbodinitrate (Isordil®) ______ mg PO q ______ hrs or Isosorbide mononitrate (Imdur®) ______ mg PO daily
- NitroGLycerin 50mg/250ml D5W IV. Starting dose __________ mcg/min Titrate 5mcg/min q 3-5 minutes to maintain __________ Notify MD if requires > __________ mcg/min, chest pain unrelieved, or SBP < 90mmHg
- Heparin bolus 60 units per kg IV = _______ units (max 4000 units, round to nearest 1000 units)
- Other: _________________________________________________________________________

**PRNs:**
- Acetaminophen 650mg PO q4h PRN mild pain (1-3) (max. dose 4grams/24 hours)
- Hydrocodone/acetaminophen 5/325 1-2 tablets PO q4h PRN mild to mod pain (max. dose 4grams/24 hours)
- Milk of Magnesia 30mL PO daily PRN constipation
- Maalox Plus 30mL PO Q 3 hours PRN indigestion
- Ondansetron (Zofran®) 4mg IV q6h PRN nausea
- Diphenhydramine (Benadryl®) 25mg PO q6h PRN itching
- Zolpidem (Ambien®) 5mg PO qHS PRN insomnia
- Other: _________________________________________________________________________
- Other: _________________________________________________________________________

**REFERENCE ORDERS:**
- Initiate Standard Magnesium & Potassium Replacement Protocol
- Initiate Cardiology Potassium and Magnesium Replacement Protocol
- Initiate CIWA Alcohol Withdrawal Protocol
- See completed Heparin Infusion Protocols
- See completed Enoxaparin (Lovenox) Protocol (for therapeutic anticoagulation)

**MD Signature:** Date: Time: 

**RN Signature:** Date: Time: 

**Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>DO</td>
<td>Do not use</td>
</tr>
<tr>
<td>Q.D.</td>
<td>Daily</td>
</tr>
<tr>
<td>Q.D.</td>
<td>QD</td>
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<tr>
<td>q.d.</td>
<td>qd</td>
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<tr>
<td>Q.O.D.</td>
<td>Every Other Day</td>
</tr>
<tr>
<td>Q.O.D.</td>
<td>QOD</td>
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<tr>
<td>q.o.d.</td>
<td>qod</td>
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<tr>
<td>U</td>
<td>Units</td>
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<tr>
<td>No Trailing Zero</td>
<td>2 mg</td>
</tr>
<tr>
<td>Lack of Leading Zero</td>
<td>0.2 mg</td>
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<tr>
<td>MS</td>
<td>Morphine Sulfate Magnesium Sulfate</td>
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<tr>
<td>MS04</td>
<td>Morphine Sulfate</td>
</tr>
<tr>
<td>MgSO4</td>
<td>Magnesium Sulfate</td>
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*Pt. Identifier: 1028*