

✓	NSTEMI/ACS ORDERS EMERGENCY DEPARTMENT - CHEST PAIN CENTER	ROOM NO. _____
ALLERGIES (list reactions): _____		HT _____ (Cm) WT _____ (Kg)
A <input checked="" type="checkbox"/> indicates a selected order. If a defaulted order is not appropriate or there is a change to an order, draw a line through the order and initial.		
Must Select One when patient is first admitted. Do NOT use to convert a patient's admission status.		
<input type="checkbox"/> Admit to Medical Observation (INo). (The physician must document the reason for observation (INo). Observe for; _____		
<input type="checkbox"/> Admit as Inpatient. Preferred unit: _____		
Diagnosis: _____		
<input checked="" type="checkbox"/> Admitting Physician: _____		
<input checked="" type="checkbox"/> Cardiologist consulted: _____ Time called: _____ Time returned call: _____		
Code Status: For DNAR status complete separate DNAR Physician Orderset _____		
Isolation (check all that apply):		
<input type="checkbox"/> Airborne precautions <input type="checkbox"/> Contact precautions <input type="checkbox"/> Droplet precautions <input type="checkbox"/> Reason: _____		
Nursing:		
<input checked="" type="checkbox"/> Initial VS and neuro check, then Q 15 min x 1 Hr, then Q 30 min and Prn		
<input checked="" type="checkbox"/> Cardiac Monitor / ST segment trending		
<input type="checkbox"/> May go off tele for procedures		
<input checked="" type="checkbox"/> Start IV x 2 (20g or larger, 18g preferred)		
<input type="checkbox"/> Prepare patient for procedure (ALL clothes and jewelry removed) if planned for immediate PCI		
<input checked="" type="checkbox"/> Provide education on Cardiac risk factors		
Respiratory:		
<input checked="" type="checkbox"/> Oxygen at 4 L/min per nasal cannula to maintain oxygen saturation > 95%		
Nutrition:		
<input type="checkbox"/> NPO if planned for immediate PCI, or <input type="checkbox"/> Diet: _____		
LAB/Micro/ Procedures:		
<input checked="" type="checkbox"/> Immediate 12 Lead EKG; Reason for exam: Chest Pain		
<input checked="" type="checkbox"/> Repeat 12 Lead EKG in 10 minutes for ongoing chest pain x 1, then per cardiologist		
<input checked="" type="checkbox"/> Repeat 12 Lead EKG for recurrent chest pain		
<input type="checkbox"/> 15 Lead EKG; Reason for exam: Chest Pain		
<input checked="" type="checkbox"/> CBC, BMP, Card ED panel		
<input type="checkbox"/> PT/PTT		
<input type="checkbox"/> Digoxin level (for patients on digoxin)		
<input type="checkbox"/> CXR (1 View) Portable; Reason for exam: Chest Pain		
<input type="checkbox"/> Other: <input type="checkbox"/> _____ Type Screen		
12-hour Chart Check _____		RN DATE: ____ / ____ / ____ TIME: _____
T.O. _____		Taken by: ____ / ____ / ____, TIME: _____
TRANSCRIBED BY: _____		TIME: ____ / ____ / ____, NOTED BY: ____ / ____ / ____, TIME: _____
PHYSICIAN SIGNATURE: _____		DATE: _____ TIME: _____
PRINTED NAME/ID#: _____	(COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)	



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IV Fluids:		
<input checked="" type="checkbox"/> 0.9% Sodium Chloride to run at TKO		
Medications:		
<input type="checkbox"/> Do not give Aspirin. Document reason here: _____.		
or <input type="checkbox"/> Aspirin 324 mg (4 x 81 mg chewable Tabs) Po x 1		
or <input type="checkbox"/> Aspirin 162 mg (2 x 81 mg chewable Tabs) Po x 1		
<input type="checkbox"/> Metoprolol (Lopressor) 5 mg IV Push over 2 min, Q 5 min x 3 doses Prn if SBP > 160 mmHg or DPB > 100 mmHg or HR > 100 bpm. Do NOT give if patient has CHF or COPD		
<input type="checkbox"/> Metoprolol (Lopressor) 50 mg Po x 1, give 20 minutes after the last IV dose (if given)		
Do NOT give Nitroglycerin if patient states use of sildenafil (Viagra, Revatio), vardenafil (Levitra), tadalafil (Cialis; Adcirca) for erectile dysfunction or pulmonary arterial hypertension within 24 Hrs		
<input type="checkbox"/> Nitroglycerin spray 0.4 mg SL Q 5 minutes x 3 Prn for chest pain. Maintain SBP > 90 mmHg		
<input type="checkbox"/> Nitroglycerin continuous infusion at 20 mCg/min, titrate Q 5 min to _____ mCg/min for pain relief. Maintain SBP > 90 mmHg.		
or <input type="checkbox"/> Nitroglycerin ointment 2% _____ inch (es) topically to chest wall x 1		
<input type="checkbox"/> Morphine 2 mg IV Push Q 5 minutes Prn pain scale > 3		
<input type="checkbox"/> Immediate PCI Planned Per Cardiologist:		
Cath Lab notified Time: _____		
Sign Procedure consent for: Right and Left Heart Catheterization, Coronary Angiogram, Left Ventriculogram, Possible Percutaneous Coronary Intervention		
Anti-Platelet: Choose one option.		
<input type="checkbox"/> Clopidogrel (Plavix) 300 mg Po x 1		
or <input type="checkbox"/> Clopidogrel (Plavix) 600 mg Po x 1		
Anticoagulant Therapy: Select option A or B below:		
<input type="checkbox"/> Option A:		
• Bivalirudin (Angiomax) Bolus: 0.75 mg/Kg = _____ mg over 2 min. (Conc: 250 mg/50 mL = 5 mg/mL).		
• Start Bivalirudin (Angiomax) Drip at 1.75 mg/Kg/Hr = _____ mg/Hr until serum creatinine result is available. Contact Pharmacy to determine patient's creatinine clearance (provide creatinine, WT, HT, age), then ADJUST above infusion rate based on patient's creatinine clearance as follow:		
➔ For creatinine clearance ≥ 30 mL/min:		
Continue Bivalirudin (Angiomax) drip as above at 1.75 mg/Kg/Hr.		
or ➔ For creatinine clearance 10 - 29 mL/min,		
Decrease Bivalirudin (Angiomax) drip to 1 mg/Kg/Hr = _____ mg/Hr.		
or ➔ For Dialysis-dependent patients,		
Decrease Bivalirudin (Angiomax) drip to 0.25 mg/Kg/Hr = _____ mg/Hr.		
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Anticoagulant Therapy Continued		
or <input type="checkbox"/> Option B		
<ul style="list-style-type: none"> • Heparin bolus 70 units/Kg (max of 5,000 units) = _____ units IV Push x 1 dose. • Heparin drip 25,000 units/250 mL (100 units/mL) 15 units/Kg/Hr = _____ units/Hr (max of 1,000 units/Hr) • Eptifibatide (Integrilin) bolus 180 mCg/kg x 2 doses given 10 min apart = _____ mCg each dose IV Push over 2 min. 		
<input type="checkbox"/> Hold above 2 nd bolus dose – consult with cardiologist regarding 2 nd bolus to be given Intra-Coronary		
<ul style="list-style-type: none"> • Eptifibatide (Integrilin) drip (0.75 mg/mL) at 2 mCg/Kg/min = _____ mL/Hr. If creatinine clearance is < 50 mL/min, reduce dose by half to 1 mCg/Kg/min. • Contact Pharmacy to determine patient's creatinine clearance (provide creatinine, weight, height, age) 		
<input type="checkbox"/> No Immediate PCI Planned Per Cardiologist. Select option A or B below:		
<input type="checkbox"/> Option A		
<ul style="list-style-type: none"> • Heparin bolus 70 units/Kg (max of 5,000 units) = _____ units IV Push x 1 dose. • Heparin drip 25,000 units/250 mL (100 units/mL) 15 units/Kg/Hr = _____ units/Hr (max of 1,000 units/Hr) • Eptifibatide (Integrilin) bolus 180 mCg/kg x 2 doses given 10 min apart = _____ mCg each dose IV Push over 2 min. • Eptifibatide (Integrilin) drip (0.75 mg/mL) at 2 mCg/Kg/min = _____ mL/Hr. If creatinine clearance is < 50 mL/min, reduce dose by half to 1 mCg/Kg/min. • Contact Pharmacy to determine patient's creatinine clearance (provide creatinine, weight, height, age) 		
or <input type="checkbox"/> Option B		
<ul style="list-style-type: none"> • Enoxaparin (Lovenox) 1mg/Kg = _____ mg SubQ x 1 • Eptifibatide (Integrilin) bolus 180 mCg/kg x 2 doses given 10 min apart = _____ mCg each dose IV Push over 2 min. • Eptifibatide (Integrilin) drip (0.75 mg/mL) at 2 mCg/Kg/min = _____ mL/Hr. If creatinine clearance is < 50 mL/min, reduce dose by half to 1 mCg/Kg/min. • Contact Pharmacy to determine patient's creatinine clearance (provide creatinine, weight, height, age) 		
12-hour Chart Check _____ RN DATE: ____ / ____ / ____ TIME: _____		
T.O. _____ Taken by: _____ / ____ / ____, TIME: _____		
TRANSCRIBED BY: _____ / ____ / ____, TIME: _____ NOTED BY: _____ / ____ / ____, TIME: _____		
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