


✓	STEMI (ST ELEVATION MI) 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 as Inpatient. Preferred unit: _____		
Diagnosis: Acute Myocardial Infarction		
<input checked="" type="checkbox"/> Admitting Physician: _____		
<input checked="" type="checkbox"/> Cardiologist consulted: _____ Time called: _____ Time returned call: _____		
<input checked="" type="checkbox"/> Cath Lab notified Time: _____		
<input checked="" type="checkbox"/> Sign Procedure consent for: <u>Right and Left Heart Catheterization, Coronary Angiogram, Left Ventriculogram, Possible Percutaneous Coronary Intervention</u>		
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 checked="" type="checkbox"/> Start IV x 2 (20g or larger, 18g preferred)		
<input checked="" type="checkbox"/> Prepare patient for procedure (ALL clothes and jewelry removed)		
<input checked="" type="checkbox"/> Provide education to patient and family		
Respiratory:		
<input checked="" type="checkbox"/> Oxygen at 4 L/min per nasal cannula to maintain oxygen saturation > 95%		
Nutrition:		
<input checked="" type="checkbox"/> NPO		
LAB/Micro/ Procedures:		
<input checked="" type="checkbox"/> Immediate 12 Lead EKG; Reason for exam: Chest Pain		
<input type="checkbox"/> 15 Lead EKG; Reason for exam: Chest Pain		
<input checked="" type="checkbox"/> CBC, BMP, Card ED panel, PT/PTT (with AMI label)		
<input type="checkbox"/> Digoxin level (for patients on digoxin)		
<input checked="" type="checkbox"/> Immediate CXR (1 View) Portable; Reason for exam: Acute Myocardial Infarction		
<input checked="" type="checkbox"/> Type Screen		
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 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. May initiate in ED and finish in Cath lab.		
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)	
 <p>St. Joseph Hospital ST. JOSEPH HEALTH SYSTEM</p> <p>STEMI (ST ELEVATION MI) ORDERS EMERGENCY DEPARTMENT - CHEST PAIN CENTER PAGE 1 OF 2</p>		PATIENT ID _____

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<ul style="list-style-type: none"> • 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 doses Prn for chest pain. Maintain SBP > 90 mmHg <input type="checkbox"/> Nitroglycerin drip at 20 mCg/min, titrate Q 5 min to _____mCg/min for pain relief. Maintain SBP > 90 mmHg. <input type="checkbox"/> Morphine 2 mg IV Push Q 5 minutes Prn pain scale > 3. <input type="checkbox"/> PCI Planned Per Cardiologist (for patients taken immediately to Cath lab): <li style="padding-left: 20px;">Anti-Platelet: Choose one option. <li style="padding-left: 40px;"><input type="checkbox"/> Clopidogrel (Plavix) 300 mg Po x 1 or <input type="checkbox"/> Clopidogrel (Plavix) 600 mg Po x 1 <li style="padding-left: 20px;">Anticoagulant Therapy: Select option A or B below: <li style="padding-left: 20px;"><input type="checkbox"/> Option A: <li style="padding-left: 40px;">• Bivalirudin (Angiomax) Bolus: 0.75 mg/Kg = _____ mg over 2 min. (Conc: 250 mg/50 mL = 5 mg/mL). <li style="padding-left: 40px;">• 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: <li style="padding-left: 60px;">➔ For creatinine clearance ≥ 30 mL/min: Continue Bivalirudin (Angiomax) drip as above at 1.75 mg/Kg/Hr. <li style="padding-left: 60px;">or ➔ For creatinine clearance 10 - 29 mL/min, Decrease Bivalirudin (Angiomax) drip to 1 mg/Kg/Hr = _____ mg/Hr. <li style="padding-left: 60px;">or ➔ For Dialysis-dependent patients, Decrease Bivalirudin (Angiomax) drip to 0.25 mg/Kg/Hr = _____ mg/Hr. <li style="padding-left: 20px;">or <input type="checkbox"/> Option B <li style="padding-left: 40px;">• Heparin bolus 60 units/Kg (max of 4,000 units) = _____ units IV Push x 1 dose. <li style="padding-left: 40px;">• Heparin drip 25,000 units/250 mL (100 units/mL) 15 units/Kg/Hr = _____ units/Hr (max of 1,000 units/Hr) <li style="padding-left: 40px;">• 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 2nd bolus dose – consult with cardiologist regarding 2nd bolus to be given Intra-Coronary <li style="padding-left: 40px;">• 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. <li style="padding-left: 60px;">• Contact Pharmacy to determine patient's creatinine clearance (provide creatinine, weight, height, age) <input type="checkbox"/> Medical Therapy Per Cardiologist (for patients NOT taken immediately to Cath lab) <li style="padding-left: 20px;">Tenecteplase (TNKase) IV Bolus over 5 seconds: refer to TNKase dosing guidelines for contraindications and dosage <li style="padding-left: 40px;"><input type="checkbox"/> Less than 60 Kg, give 30 mg = 6 mL (concentration = 5 mg/mL) <li style="padding-left: 40px;"><input type="checkbox"/> 60 kg – 69 Kg, give 35 mg = 7 mL (concentration = 5 mg/mL) <li style="padding-left: 40px;"><input type="checkbox"/> 70 kg – 79 Kg, give 40 mg = 8 mL (concentration = 5 mg/mL) <li style="padding-left: 40px;"><input type="checkbox"/> 80 kg – 89 Kg, give 45 mg = 9 mL (concentration = 5 mg/mL) <li style="padding-left: 40px;"><input type="checkbox"/> Greater than 90 Kg, give 50 mg = 10 mL (concentration = 5 mg/mL) 		
12-hour Chart Check _____ RN DATE: _____ / _____ / _____ TIME: _____		
T.O. _____ Taken by: _____ / _____ / _____, TIME: _____		
TRANSCRIBED BY: _____ / _____ / _____, TIME: _____ NOTED BY: _____ / _____ / _____, TIME: _____		
PHYSICIAN SIGNATURE: _____ DATE: _____ TIME: _____		
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