ACS/MI (NSTEMI) SS
ACS/MI (Non ST Elevated MI) Inpatient Short Set

NURSING
☐ Obtain signed consent for left and/or right heart catheterization with coronary angiogram and/or graft angiography and possible percutaneous coronary intervention
☐ Obtain signed consent for sedation
☐ Obtain signed consent for stress echocardiogram

MEDICATIONS
Anticoagulant medications: Platelet Inhibitors
☐ Antithrombotic contraindicated:
Reasons to withhold Antithrombotic agents
☐ Allergy to or complication related to antithrombotic
☐ Rule out bleed
☐ Intolerance in past
☐ Intracranial surgery/biopsy
☐ Planned surgery
☐ Hemorrhage
☐ Bleeding risk
☐ Bleeding disorder
☐ Peptic ulcer disease
☐ Other:_____

Anticoagulant medications: Platelet Inhibitors: Aspirin Evidence
☐ Aspirin 81 mg Po daily. Administer within 1 Hr of order. Do NOT hold prior to coronary angiogram.
☐ Aspirin 162 mg Po daily. Administer within 1 Hr of order. Do NOT hold prior to coronary angiogram.
☐ Aspirin 325 mg Po daily. Administer within 1 Hr of order. Do NOT hold prior to coronary angiogram.

Anticoagulant medications: Platelet Inhibitors: Clopidogrel Evidence
☐ Clopidogrel (Plavix) 300 mg Po x 1 dose now (loading dose). Administer within 1 Hr of order. Do NOT hold prior to coronary angiogram.
☐ Clopidogrel (Plavix) 75 mg Po Q 24 Hrs. Administer within 1 Hr of order. Do NOT hold prior to coronary angiogram. Start 24 Hrs after loading dose (if ordered).

Anticoagulant medications: Platelet Inhibitors: Prasugrel
**RESTRICTION CRITERIA: Prasugrel (Effient)
1. Initiation of Prasugrel therapy is restricted to Cardiologists.
2. Prasugrel is contraindicated in patients with a history of TIA or Stroke.
3. Prasugrel is not recommended in patients who may undergo urgent CABG (drug should be stopped at least 7 days prior to any surgery).
4. Prasugrel should not be used in patients >75 years old (due to increased bleeding risk) except in high risk patients where the benefits may outweigh the risk.
5. For Patients <60 Kg - maintenance dose = 5 mg (due to increased bleeding risk).

****Loading dose**
☐ Prasugrel (Effient) 60 mg Po x 1 dose now.
****For Patients < 60 kg, use 5 mg order**
☐ Prasugrel (Effient) 5 mg Po Q 24 Hrs**.** Start 24 Hrs after loading dose (if ordered).
****For Patients > or = 60 kg, use 10 mg order**
☐ Prasugrel (Effient) 10 mg Po Q 24 Hrs. Start 24 Hrs after loading dose (if ordered).

Anticoagulant medications: Platelet Inhibitors: Ticagrelor
**RESTRICTION CRITERIA: Ticagrelor (Brilinta)
1. Initiation of Ticagrelor therapy is restricted to Cardiologists in pts with ACS (UA, NSTEMI, STEMI).
2. Ticagrelor may be prescribed by any physician if therapy is continued from home
☐ Ticagrelor (Brilinta) 90 mg Po BID

Anticoagulant medications: Other
☐ Bivalirudin (Angiomax) 250 mg/50 mL NS. Bolus with 0.1 mg/Kg then start a continuous IV infusion at 0.25 mg/Kg/Hr. Administer within 1 Hr of order. Restricted to ER, CVSSU, ICU, & Cath Lab. DC when transferred out of these units.

☐ Enoxaparin (Lovenox) 1 mg/Kg = _____mg SubQ Q 12 Hrs. Evidence
Pharmacy to adjust per renal dosing protocol. (Administer within 1 Hr of order)
☐ Heparin bolus 60 units/Kg (based on Adj BW) (max of 4,000 units) = _____ units IV Push x 1 dose STAT. (Administer within 1 Hr of order)
☐ Heparin drip 25,000 units/250 mL (100 units/mL) 12 units/Kg/Hr = _____ units/Hr IV (max rate of 1,000 units/Hr) then Pharmacy to titrate per protocol. Start after Heparin bolus (if ordered). Goal APTT = 55-75 sec Indication for Heparin: ACS/MI. (Administer within 1 Hr of order) Evidence

Cardiac medications: ACE Inhibitors ***Physician to select ONE drug only*** Evidence
REMINDER: See admission medication reconciliation for Home ACE Inhibitor dose.
☐ ACE Inhibitor contraindicated:
Reasons to withhold ACE Inhibitors
☐ ACEI Allergy
☐ Hypotension
☐ Hyperkalemia
☐ Moderate/Severe Aortic stenosis
☐ Impaired renal function
☐ Other:_____
☐ Captopril (Capoten) 6.25 mg Po TID before meals. Hold for SBP < 90.
☐ Lisinopril (Zestril/Prinivil) 10 mg Po daily. Hold for SBP < 90.

Cardiac medications: ARBs ***Physician to select ONE drug only*** Evidence
REMINDER: See admission medication reconciliation for Home ARB dose.
☐ ARB contraindicated:
Reasons to withhold ARB
☐ ARB Allergy
☐ Hypotension
☐ Hyperkalemia
☐ Moderate/Severe Aortic stenosis
☐ Impaired renal function
☐ Other:_____
☐ Losartan (Cozaar) 25 mg Po daily. Hold for SBP < 90.
☐ Valsartan (Diovan) 40 mg Po daily. Hold for SBP < 90.

Cardiac medications: Beta Blockers ***Physician to select ONE drug only*** Evidence
REMINDER: See admission medication reconciliation for Home Beta Blocker dose.
☐ Beta Blocker contraindicated:
Reasons to withhold Beta Blocker
☐ Bradycardia
☐ Hypotension
☐ Other:_____
☐ Atenolol (Tenormin) 25 mg Po daily. Hold for SBP < 90 or HR < 60.
☐ Carvedilol (Coreg) 3.125 mg Po BID. Hold for SBP < 90 or HR < 60.
☐ Metoprolol Tartrate (Lopressor) 50 mg Po BID. Hold for SBP < 90 or HR < 60.

Cardiac medications: Statins ***Physician to select ONE drug only*** Evidence
REMINDER: See admission medication reconciliation for Home Statin dose.
☐ Statin Contraindication
Reasons to withhold Statin therapy
☐ Hepatic Failure
☐ Inflammatory Disease of liver
☐ No evidence of atherosclerosis
☐ Palliative Care
☐ Patient refuses Treament
☐ Patient in Clinical Trial
☐ Rhabdomyolysis
☐ Medical Contraindication
☐ Statin Not Tolerated
☐ AtorvaSTATin (Lipitor) 80 mg Po at bedtime.
☐ Simvastatin (ZoCOR) 40 mg Po at bedtime.

Cardiac medications: Nitrates
☐ Nitroglycerin 0.4 mg SubL Q 5 mins Prn chest pain for max of 3 doses. Hold if SBP < 100. Evidence
☐ Nitroglycerin continuous infusion 25 mg/250 mL (100 mCg/mL) start at 20 mCg/min, titrate in 5 mCg/min increments Q 5 mins up to max of 100 mCg/min for pain relief. Titrate down by 5-15 mCg/min Q 15 mins. Maintain SBP > 90. Restricted to ER, CVSSU, ICU, & Cath Lab. DC when transferred out of these units. Evidence
☐ Nitroglycerin ointment 2% one inch topically to anterior chest wall daily @ 09:00, remove at 21:00 daily. Evidence

Medications On-call to cath lab (after consent signed): ***Physician to select ONE drug only***

****For patients > or = 65 years old**

☐ Diazepam (Valium) 5 mg Po x 1 on-call to Cath lab.
☐ LORazepam (Ativan) 1 mg Po x 1 on-call to Cath lab.
☐ DiphenhydrAMINE (Benadryl) 25 mg Po x 1 on-call to Cath lab.

****For patients < 65 years old**

☐ Diazepam (Valium) 10 mg Po x 1 on-call to Cath lab.
☐ LORazepam (Ativan) 2 mg Po x 1 on-call to Cath lab.
☐ DiphenhydrAMINE (Benadryl) 50 mg Po x 1 on-call to Cath lab.

Other Medication:

☐ Acetylcysteine (Mucomyst) 600 mg solution Po Q12 Hrs x 4 doses. Start 1st dose now.

Other medications:_____

***All labs/diagnostics will be drawn/done routine now unless otherwise specified**

LABORATORY- Cardiac Markers

☐ Cardiac Enzymes with Troponin – Urgent repeat Q6 Hrs x 3 Evidence

LABORATORY – Hematology

☐ Complete blood count (CBC) – In AM Evidence
☐ Hemoglobin A1c (HbA1c) – In AM Evidence

LABORATORY - Chemistry

☐ B Natriuretic Peptide (BNP) – In AM Evidence
☐ Complete Metabolic Panel (CMP) – In AM Evidence
☐ Basic Metabolic Panel (BMP) – In AM
☐ Lipid Profile – In AM Evidence
☐ Magnesium – In AM

DIAGNOSTICS - Cardiology

☐ Electrocardiogram (12-lead EKG) STAT; Reason for exam: ACS/MI Evidence
☐ Electrocardiogram (12-lead EKG) - In AM; Reason for exam: ACS/MI
☐ Dobutamine Stress Echocardiogram; Reason for exam: ACS/MI Evidence
☐ Stress Echocardiogram

DIAGNOSTICS - Radiology

☐ Chest X-ray 1 view (CXR) Portable; Reason for exam: ACS/MI

DIAGNOSTICS - Nuclear Medicine Lexiscan

☐ NM Cardiac Stress; Reason for exam; ACS/MI
☐ Lexi Scan Prep Instructions : Obtain signed consent for: Lexiscan Stress Test
NPO for 6 Hrs prior to procedure
No caffeine for 24 Hrs prior to procedure.

MD CONSULTS

☐ Consult MD_____

REQUESTS FOR SERVICE

☑ Consult for Case Management
☑ Cardiac Rehab Referral; Reason: MI
☑ Nutritional Consult Evidence ; Reason for consult: Nutrition assessment
☐ Consult for Social Services