

## NORTH VISTA ADMISSION ORDERS ACUTE CORONARY SYNDROME (AMI/CHEST PAIN)

**Admitting Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Admit to Inpatient:**  Med/Surg  Telemetry  ICU  
**Place in Observation Services:**  Med/Surg  Telemetry  Other \_\_\_\_\_  
**Diagnosis:**  Acute Coronary Syndrome  Chest Pain  Acute MI  Other: \_\_\_\_\_  
**Condition:**  Stable  Guarded  Critical  Good  Fair  Poor  
**Consult:**  Cardiology: \_\_\_\_\_  
**Contacted:**  Cardiovascular Surgery: \_\_\_\_\_  
 Other: \_\_\_\_\_  
**Allergies:**  \_\_\_\_\_

**Code Status:**  Category I (full code)  Category II  
**Vital Signs:**  Per unit protocol  Every shift  every \_\_\_\_\_ hours  
 Call for Temp greater than 101.5, SBP less than 100 or greater than 180, DBP less than 60 or greater than 100, RR greater than 28, HR less than 60 or greater than 120

**Activity:**  Bed rest  Up in chair  Bedside commode  Ambulate ad lib  Bathroom privileges  
**Nursing:**  Daily weight  Intake & Output  Foley to drainage  Sequential Compression Device (SCD)  
 Pulse oximeter  every shift  twice a day  Glucose checks AC and every HS or every \_\_\_\_\_ hrs  
 Other: \_\_\_\_\_

**Diet:**  Regular  Mechanical soft  Restrict fluid \_\_\_\_\_  Sodium restricted \_\_\_\_\_ mg  
 Cardiac/Heart Healthy  Diabetic (specify) \_\_\_\_\_ calorie  Renal/Kidney  
 Other: \_\_\_\_\_

**Fluids:**  Intravenous: \_\_\_\_\_ @ \_\_\_\_\_ ml/hr  
 Saline lock Flush every shift and PRN  
 Other: \_\_\_\_\_

**Respiratory:**  Nasal Cannula \_\_\_\_\_ L/min, adjust to keep O2 sat > 92%  
 Venti Mask \_\_\_\_\_ % FIO2  100% NRB  
 Other: \_\_\_\_\_


**Labs:**  Cardiac enzymes (CPK, CPK-MB, Troponin) every 6 hrs x 3  
 BMP  Now  In AM  CMP  Now  In AM  
 Magnesium  Now  In AM  Stool gualiac  Now  In AM  
 Fasting lipid profile  Now  In AM  TSH  Now  In AM  
 UA  Now  In AM  CBC  Now  In AM  
 ABG  Now  In AM  D-dimer  Now  In AM  
 Fibrinogen  Now  In AM  High Sensitivity C-Reactive Protein  Now  In AM  
 PT/PTT  Now  In AM Other Labs: \_\_\_\_\_

**Studies: (If LVEF greater than 40%, implement CHF Protocol)**  
 CXR (If not done in ED)  Cardiac Stress Test: (after negative enzymes x 3)  
 Portable  with Cardiolyte  
 PA/Lateral  without Cardiolyte  
 EKG STAT, repeat in 6 hrs X 2 and in AM (if not done in ED)  Exercise treadmill  
 STAT EKG PRN with chest pain or palpitations  Stress echocardiogram  
 Echocardiogram  Persantin Thallium  
 Other: \_\_\_\_\_  Dobutamine Stress Test  
 Adenosine Stress Test  
 Lexiscan Stress Test

**Emergency Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
 These are covering orders that are written to give the patient continuing treatment once admitted. The admitting Physician accepted this patient to his/her service and assumed care of the patient at the time these orders were completed. If the Admitting Physician does not sign the Physician's Order Sheet within 24 hours, Nursing will contact Admitting Physician and obtain an order to continue or stop the ER orders.  
**Admitting Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

|                             |      |      |             |                                       |
|-----------------------------|------|------|-------------|---------------------------------------|
| NURSE NOTED                 | DATE | TIME | DATE / TIME | PHYSICIAN SIGNATURE OR AUTHENTICATION |
| 24 HR. CHART CHECK BY NURSE | DATE | TIME |             |                                       |

|  |                 |            |
|--|-----------------|------------|
| <br> | Account Number: | MR Number: |
| Patient Name:  |                 |            |
| Admit Date:  |                 |            |

|   |                           |     |     |    |    |       |    |     |    |  |
|---|---------------------------|-----|-----|----|----|-------|----|-----|----|--|
| <br>1409 E Lake Mead Blvd<br>North Las Vegas, NV 89030 | DOB                       | Age | Sex | HT | WT | RM-BD | PT | SVC | FC |  |
|   | Allergies:                |     |     |    |    |       |    |     |    |  |
|   | Attending Physician Name: |     |     |    |    |       |    |     |    |  |

**Medications: (Check the appropriate box)**

- Aspirin 81 mg chewable tablets PO now and daily
- Clopidogrel (Plavix) 75 mg PO x 1 now, then 75 mg PO once daily
- Morphine sulfate 2mg IV every 5 minutes PRN chest pain X 2 and call physician if unrelieved
- Nitroglycerin 0.4mg SL X1 and call physician if unrelieved. May repeat every 5 minutes X2
- Nitroglycerin paste  1inch  1/2 inch topically to chest wall every 6h
- Isosorbide mononitrate (IMDUR) 30 mg PO daily
- Heparin 5000 units subcutaneous every 8hrs
- Assess the patient for risk of venous thromboembolism and order anticoagulation on the VTE Assessment / Prophylaxis Form and Orders
- Lisinopril (Zestril, Prinivil) 5 mg PO now, then 10 mg daily (start in AM).
- If allergic or intolerant to ACEI, use Losartan (Cozaar) 25mg PO daily
- Atorvastatin (Lipitor) 80 mg PO daily
- Heparin IV Infusion -See Heparin Infusion Dosing Order Form
- Famotidine (Pepcid) 20 mg  IV every 12 hrs  PO every 12 hrs
- Esomeprazole (Nexium) 40mg IV daily
- Omeprazole (Prilosec) 20 mg PO daily
- Pantoprazole (Protonix) 40mg  IV daily  PO daily
- Nicotine 21mg topical patch apply daily (for smokers)
- Lorazepam (Ativan)  0.5mg  1 mg  PO  IV PRN every 6 hrs as needed for anxiety

**ICU Patients Only**

- Reteplase (Retavase) 10 units IV bolus over 2 minutes. Repeat bolus in 30 minutes
- Nitroglycerin infusion 50 mg/250 ml D5W
- Administer to control symptoms in 10 microgram/min steps every 5 minutes to maintain SBP > 100mm (maximum 100 mcg per minute)
- Amiodarone 150mg IV bolus over 10 minutes. Start Amiodarone 450mg in 250ml D5W infusion at 1mg/min for 6 hrs, then 0.5 mg/min until order to D/C.
- Eptifibatide (Integrilin) 180 microgram/kg IV push, then Eptifibatide 75mg in 100ml D5W at 2 microgram/kg per minute for  48  72 hrs
- Metoprolol (Lopressor) 5 mg IV every 5 minutes x 3 doses

**Electrolyte Replacement (If BUN and Creatinine normal)**


- KCl 20 mEq Rider IV over 4 hrs if K+ is 3.5-3.9
- KCl 40 mEq (2 x 20 mEq Riders) IV over 4 hrs if K+ less than 3.5
- Magnesium Sulfate 2 gm Rider IV over 2 hrs if MG+ less than 1.8
- Sodium Phosphate 10 mMol Rider IV over 8 hours if PO4 less than 2.5

**Standard Medications:**

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN temp > 101F or mild pain (1-3)
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain (4-6)
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (7-9)
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.
- Prochlorperazine (Compazine) 5 mg IV every 6 hr PRN nausea/vomiting
- Docusate sodium (Colace) 100 mg PO qHS
- MQM 30 ml PO qHS PRN constipation
- Maalox 30 ml PO every 4 hrs PRN heartburn

|                             |      |      |             |                                       |
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|  <p style="font-size: small;">1409 East Lake Mead Blvd.<br/>North Las Vegas, NV 89030<br/>(702) 649-7711</p> | DOB                       | Age | Sex | HT | WT | RM-BD | PT | SVC | FC |  |
|   | Allergies:                |     |     |    |    |       |    |     |    |  |
|   | Attending Physician Name: |     |     |    |    |       |    |     |    |  |