



**PHYSICIAN'S ORDERS**

ORDERED		ACUTE CORONARY SYNDROME ORDERS	TIME ORDER NOTED
Date	Time		
		<b>Admit to</b> <input type="checkbox"/> ICU <input type="checkbox"/> PCU	
		<b>Diagnosis:</b> <input type="checkbox"/> Acute ST-Elevation Myocardial Infarction <input type="checkbox"/> Unstable Angina <input type="checkbox"/> Chest Pain, Unknown Cause <input type="checkbox"/> NSTEMI	
		<b>Vital Signs:</b> <input type="checkbox"/> every 2 hours for 24 hours, then every 4 hours <input type="checkbox"/> every 4 hours for 24 hours, then QID <input type="checkbox"/> every 4 hours	
		<b>Oxygen:</b> <input type="checkbox"/> 2 liters/minute, nasal bi-prong – monitor SAO2 continuously and maintain SAO2 more than 90%	
		<b>Code Status:</b> <input type="checkbox"/> Full Code <input type="checkbox"/> Do Not Intubate <input type="checkbox"/> Do Not Resuscitate	
		<b>Activity:</b> Bedrest with <input type="checkbox"/> Bathroom Privileges <input type="checkbox"/> Bedside Commode – patient is not to use bedpan unless sheath in place on ventilator or unconscious	
		<b>Weight:</b> <input type="checkbox"/> Weigh patient on admission and record <input type="checkbox"/> Weigh daily and record	
		<b>Home Meds:</b> Please identify and hold all home medications	
		<b>Diet:</b> <input type="checkbox"/> AHA diet, 2000 ml/24 hour oral fluid restriction <input type="checkbox"/> 2000 calorie ADA/AHA diet, 2000 ml/24 hour oral fluid restriction	
		<b>Diabetes:</b> <input type="checkbox"/> Accucheck at 0700, 1100, 1700 and 2100 <input type="checkbox"/> Sliding Scale Regular Insulin	
		<b>EKG:</b> <input type="checkbox"/> Now <input type="checkbox"/> in AM <input type="checkbox"/> Daily X 3 days <input type="checkbox"/> If Inferior MI, perform EKG with right-sided chest leads	
		<b>IV:</b> <input type="checkbox"/> D5W, 500 ml @ 30 ml/hour <input type="checkbox"/> NS 500 ml @ 30 ml/hour	
		<b>Lab:</b> <b>STAT:</b> <input type="checkbox"/> CBC with diff stat <input type="checkbox"/> CMP stat <input type="checkbox"/> BMP stat <input type="checkbox"/> magnesium stat <input type="checkbox"/> CK, CK-MB, Troponin I stat <input type="checkbox"/> CK, CK-MB, Troponin I stat <b>Now:</b> <input type="checkbox"/> BNP <input type="checkbox"/> HS-CRP now <input type="checkbox"/> TSH Now <input type="checkbox"/> T4 now <input type="checkbox"/> Protime/INR now <input type="checkbox"/> Hgb A1C now <input type="checkbox"/> Lipid Panel now <b>In AM:</b> <input type="checkbox"/> Protime/INR in AM <input type="checkbox"/> BMP in AM <input type="checkbox"/> CBC with diff in AM <input type="checkbox"/> Magnesium in AM <input type="checkbox"/> Lipid panel in AM <b>Daily:</b> <input type="checkbox"/> Protime/INR daily X 3 <input type="checkbox"/> Troponin I in 8 hours <input type="checkbox"/> Troponin I in 16 hours <input type="checkbox"/> Troponin I in 24 hours <input type="checkbox"/> Basic Metabolic Panel (BMP) daily for next three days	
		<b>Radiology:</b> Portable chest x-ray, <input type="checkbox"/> Now <input type="checkbox"/> in AM 2-D, M-Mode Echo Portable, <input type="checkbox"/> Now "AMI" <input type="checkbox"/> Tomorrow "AMI"	

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		<b>Medications:</b> <input type="checkbox"/> 1) Aspirin 325 mg <input type="checkbox"/> Stat <input type="checkbox"/> Daily <input type="checkbox"/> 2) Plavix (Clopidogrel), <input type="checkbox"/> 75 mg daily <input type="checkbox"/> 300mg (4 - 75 mg tablets) Stat <input type="checkbox"/> 600mg (8 - 75 mg tablets) stat <input type="checkbox"/> 3) Retavase (Reteplase) double bolus 10 units each 30 minutes apart <input type="checkbox"/> 4) TNKase (Tenecteplase) 30 mg for patients < 60 Kg; 35mg for <input type="checkbox"/> patient 60 to <70 Kg.; 40 mg for patient 70 to <80 Kg.; 45 mg for <input type="checkbox"/> patient 80 to <90 Kg.; 50 mg for patient = to or > 90 Kg <input type="checkbox"/> 5) IV Nitroglycerin bolus injection of 12.5 – 25 mcg and then infusion of 10 – 20 mcg/min, and increase by 5-10 mcg every 5-10 minutes until pain relieved or systolic blood pressure is 90 mmHg or less; minimum dose 10 mcg/min, maximum dose 200 mcg/min <input type="checkbox"/> 6) Lopressor (Metoprolol tartrate) <input type="checkbox"/> 5 mg over 2 minutes, IV X 1-3, stat, 5 minutes apart; hold if HR less than 55 or SBP less than 95 <input type="checkbox"/> <input type="checkbox"/> 25 mg by mouth every 12 hours <input type="checkbox"/> 25 mg by mouth every 8 hours <input type="checkbox"/> 25 mg by mouth every 6 hours <input type="checkbox"/> 50 mg by mouth every 12 hours <input type="checkbox"/> 50 mg by mouth every 8 hours <input type="checkbox"/> 50 mg by mouth every 6 hours <input type="checkbox"/> 7) Lovenox (Enoxaparin) <input type="checkbox"/> 30 mg IV stat <input type="checkbox"/> 40 mg IV stat <input type="checkbox"/> 1mg/Kg SQ every 12 hours <input type="checkbox"/> 8) Reopro (Abciximab) 0.25mg/Kg IV bolus; then continue IV infusion of 0.125mg/Kg/min (maximum 10 mcg/minute) for 12 to 24 hours. <input type="checkbox"/> 9) Integrelin (Eptifibatide) 180 mcg/Kg IV bolus over 1-2 minutes; then 2 mcg/Kg/minute for 72 to 96 hours <input type="checkbox"/> 10) Altace (Ramipril) <input type="checkbox"/> 2.5 mg by mouth daily <input type="checkbox"/> 5 mg by mouth daily <input type="checkbox"/> 10 mg by mouth daily <input type="checkbox"/> 11) Lisinopril 5 mg by mouth daily <input type="checkbox"/> 12) Avapro (Irbesartan) <input type="checkbox"/> 75 mg by mouth daily <input type="checkbox"/> 150 mg by mouth daily <input type="checkbox"/> 300 mg by mouth daily <input type="checkbox"/> 13) Lipitor (Atorvastatin) <input type="checkbox"/> 10 mg by mouth daily <input type="checkbox"/> 20 mg by mouth daily <input type="checkbox"/> 40 mg by mouth daily <input type="checkbox"/> 14) Niaspan (niacin) 500 mg by mouth at hour of sleep preceded by a light carbohydrate snack <input type="checkbox"/> 15) Lopid (Gemfibrozil) 600 mg by mouth twice daily <input type="checkbox"/> 16) Zetia (Ezetimibe) 10 mg by mouth daily <input type="checkbox"/> 17) Lasix (Furosemide) <input type="checkbox"/> 20 mg <input type="checkbox"/> 40 mg <input type="checkbox"/> 80mg, <input type="checkbox"/> by mouth <input type="checkbox"/> IV <input type="checkbox"/> Now <input type="checkbox"/> Daily <input type="checkbox"/> twice daily <input type="checkbox"/> 18) Colace (Docusate Sodium) 100 mg by mouth twice daily <input type="checkbox"/> 19) Magnesium Sulfate <input type="checkbox"/> 5 grams IV if Magnesium less than 1.4 <input type="checkbox"/> 4 grams IV if magnesium less than 1.6. <b>Notify physician if Magnesium if less than 1.2</b>	

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ORD

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		<input type="checkbox"/> <b>20) K-Dur (Potassium Chloride)</b> <input type="checkbox"/> 40 Meq by mouth now if K+ is less than 3.7 <input type="checkbox"/> 20 Meq by mouth now if K+ is less than 3.9. <b>Notify physician if K+ if less than 3.3</b>	
		<b>PRN Medications</b>	
		<input type="checkbox"/> 1) Phenergan (Promethazine) IV <input type="checkbox"/> 12.5 mg <input type="checkbox"/> 25 mg, every 6 hours as needed for nausea	
		<input type="checkbox"/> 2) Tylenol (Acetaminophen) <input type="checkbox"/> 500 mg <input type="checkbox"/> 650 mg - by mouth every 4 hours as needed for pain	
		<input type="checkbox"/> 3) Pepcid (Famotidine) 40 mg by mouth as needed for indigestion	
		<input type="checkbox"/> 4) Lortab (Hydrocodone/ Acetaminophen) <input type="checkbox"/> 2.5/500 <input type="checkbox"/> 5/500 <input type="checkbox"/> 7.5/500 every 4 hours as needed for pain	
		<input type="checkbox"/> 5) Ambien (Zolpidem) <input type="checkbox"/> 5mg <input type="checkbox"/> 10 mg at bedtime as needed for sleep	
		<input type="checkbox"/> 6) Morphine Sulfate to be given as often as needed to relieve the pain of AMI- <input type="checkbox"/> 2mg IV PRN pain <input type="checkbox"/> 4mg IV PRN pain <input type="checkbox"/> 6 mg IV PRN pain <input type="checkbox"/> 8 mg IV PRN pain <input type="checkbox"/> 10 mg IV PRN pain.	
		<input type="checkbox"/> 7) Xanax (Alprazolam) 0.25 mg one tablet by mouth TID <input type="checkbox"/> 0.25mg every 6 hours as needed for anxiety	
		<input type="checkbox"/> 8) Mylanta II (Aluminum Hydroxide/Magnesium Hydroxide/ Simethicone) 30 ml by mouth as needed for indigestion or reflux	
		<b>Notify MD if :</b>	
		Heart rate is greater than 110 or less than 45	
		Respiratory Rate greater than 30 or less than 10	
		O2 Sat less than 90% on 4 LPM O2 per nasal cannula	
		Major change in cardiac rhythm, heart block or Atrial Fib./Flutter	
		Physician Signature:	
		Date/Time:	

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