

SISTERS OF CHARITY HOSPITAL • Buffalo, NY   
  SISTERS OF CHARITY HOSPITAL ST JOSEPH Campus • Cheektowaga, NY  
 KENMORE MERCY HOSPITAL • Kenmore, NY   
  MERCY HOSPITAL • Buffalo, NY   
  MERCY HOSPITAL Orchard Park division • Orchard Park, NY

**Allergies & Sensitivities:**

 No Known Allergies                       (Indicates automatic order. MD to draw line through order to discontinue )

**AMI/ACSETS –ACUTE CORONARY SYNDROME ADMISSION ORDERS**

page 1 of 2

Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

DATE:	TIME:	PRESCRIBER ORDERS
<b>Level of care:</b> Admit to: <input type="checkbox"/> Observation <input type="checkbox"/> Admit to Ambulatory surgery (ASU) <input type="checkbox"/> Admit to Inpatient <b>Location:</b> <input type="checkbox"/> Med Surg <input type="checkbox"/> Telemetry ( <i>Indication</i> ) _____ <input type="checkbox"/> Critical Care Unit <b>Diagnosis:</b> <input type="checkbox"/> ACSETS – Acute Coronary Syndrome <b>Condition</b> <input type="checkbox"/> Stable <input type="checkbox"/> Fair <input type="checkbox"/> Serious <input type="checkbox"/> Critical <b>Admitting Physician:</b> _____ <input type="checkbox"/> Consultation: _____ <input checked="" type="checkbox"/> Obtain Health Care Proxy if not available <input type="checkbox"/> Old Records to floor <input checked="" type="checkbox"/> Vital signs as per protocol <input type="checkbox"/> Special Considerations: _____ <input type="checkbox"/> Telemetry may be discontinued for ordered tests <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>1. ACTIVITY:</b> <input type="checkbox"/> Bed rest with commode privileges for 24 hours <input type="checkbox"/> Other		
<b>2. DIET:</b> <input type="checkbox"/> Regular <input type="checkbox"/> 2 gram NA+ <input type="checkbox"/> Low Fat, Low Cholesterol <input type="checkbox"/> _____ Calorie Consistent Carbohydrate (ADA) <input type="checkbox"/> Other		
<b>3. INTRAVENOUS SOLUTIONS:</b> <input type="checkbox"/> IV 0.9% Na Cl at _____ mL/hour <input type="checkbox"/> KVO <input type="checkbox"/> Saline trap		
<b>4. PATIENT EDUCATION</b> <input checked="" type="checkbox"/> Cardiac Education <input checked="" type="checkbox"/> Smoking Cessation <input checked="" type="checkbox"/> Nutrition		
<b>5. RESPIRATORY:</b> <input type="checkbox"/> O2 at _____ L/min by _____ Monitor O2 saturation and titrate oxygen per protocol		
<b>6. MEDICATIONS:</b> Items must be checked. (These items must be addressed; if not indicate reason.) <input checked="" type="checkbox"/> <b>ANTI-THROMBOTIC THERAPY:</b> (reference table on page 2) <input type="checkbox"/> Enteric coated aspirin 325 mg PO now and daily <input type="checkbox"/> If unable to take PO, give aspirin suppository 300 mg rectally now and once daily <input type="checkbox"/> Clopidogrel (Plavix) 75 mg PO daily <input type="checkbox"/> Clopidogrel (Plavix) 300mg loading dose x 1 (if not already given) <input type="checkbox"/> <b>ANTICOAGULANT:</b> <input type="checkbox"/> Unfractionated heparin IV per protocol –or– Low molecular weight heparin ( <b>do not use with IV heparin or subcutaneous heparin</b> ) <input type="checkbox"/> Enoxaparin (Lovenox) _____ (1 mg/kg) [Dispensed as written] subcutaneously every 12 hours or _____ hours ( <b>Caution, with obesity or creatinine clearance less than 30 mL/min, consider alternative IV heparin therapy</b> ) (verify when initial dose was given in Department, before proceeding with administration) <input type="checkbox"/> <b>GLYCOPROTEIN IIb/IIIa Antagonist:</b> <input type="checkbox"/> Eptifibatide (Integrilin) IV per protocol <input checked="" type="checkbox"/> <b>ANTI-ISCHEMIC THERAPY:</b> (These items must be addressed; if not indicate reason) <input checked="" type="checkbox"/> Nitroglycerin Therapy <input type="checkbox"/> Nitroglycerin 0.4 mg sublingually every 5 minutes PRN for chest pain. May repeat up to 3 doses for pain relief and systolic BP greater than 90 mmHg <input type="checkbox"/> Nitroglycerin paste _____ inch(es) topically every 6 hours (remove old paste prior to applying new paste). On morning of second day, assess mode of administration <input type="checkbox"/> Nitroglycerin IV infusion at _____ mcg/minute then titrate for chest pain		
<b>Prescriber Signature:</b> _____		

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## AMI/ACSETS –ACUTE CORONARY SYNDROME ADMISSION ORDERS page 2 of 2

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **PRESCRIBER ORDERS**

**MEDICATIONS Continued:** (These items must be addressed; if not indicate reason).

**BETA BLOCKER THERAPY:**

- Metoprolol (Lopressor) \_\_\_\_\_ mg PO every \_\_\_\_\_ hours (Hold for systolic BP less than 90 mmHg, HR less than 50, AV block greater than 1<sup>st</sup> degree, decompensated CHF, severe COPD/asthma)  
 Contraindication reason: \_\_\_\_\_  Other: \_\_\_\_\_

**ACE INHIBITOR/ARB THERAPY:**

- \_\_\_\_\_ mg PO every \_\_\_\_\_ hours  
 Contraindication reason: \_\_\_\_\_  
 (Hold for systolic BP less than 90 mm Hg or serum creatinine greater than 3 mg/dL)

**STATIN THERAPY:**  Contraindication reason: \_\_\_\_\_

- \_\_\_\_\_ mg PO every \_\_\_\_\_

**MISCELLANEOUS MEDICATIONS:**

- Atropine \_\_\_\_\_ mg IV Push for symptomatic heart rate below \_\_\_\_\_  
 Acetaminophen (Tylenol) 650 mg PO every 4 hours PRN for pain or headache  
 Sennosides/docusate sodium 8.6mg/50mg sennosides 2 tablets PO BID  
 Antacid – magnesium hydroxide/aluminum hydroxide/simethicone (Maalox) 30 m/L PO every 3 hours PRN for GI distress  
 Sedation: \_\_\_\_\_  
 Analgesia: \_\_\_\_\_  
 Other Medications: \_\_\_\_\_

**7. VENOUS THROMBOEMOLISM (VTE) PROPHYLAXIS: ( May select more than one)**

- Sequential Compression Device (**ONLY** if pharmacologic prophylaxis is contraindicated)  
 Heparin 5,000 units subcutaneously  every 8 Hr  every 12 Hr  
 Enoxaparin (Lovenox) 40 mg subcutaneously daily (**Check for previous order for Lovenox – page 1**)  
 Other \_\_\_\_\_  
 No VTE Prophylaxis (Reason:  Not a candidate  Contraindicated  On IV heparin protocol  Other \_\_\_\_\_)

**8. DIAGNOSTICS:** If not done in the ED

- Cardiac marker: CKMB, Troponin I, Myoglobin; draw baseline, repeat in 90 min. Repeat Cardiac marker: CKMB, Troponin I in 6 hours  
 Urinalysis, CBC, PT&PTT  CMP  Lipid Profile  
 Chest x-ray Reason: Chest pain  
 EKG daily x 2 and stat EKG with chest pain  
 Echocardiogram to assess LV wall motion with the diagnosis of chest pain \_\_\_\_\_

**10. REFERRALS:**

- Care Management  Physical Therapy  Palliative Care  
 Cardiac Rehab  Pastoral Care

**Prescriber Signature:** \_\_\_\_\_

**ANTI-THROMBOTIC TREATMENT GUIDELINES (Ref. ACC/AHA Guidelines March 2002)**

Class I/II a Possible Acute Coronary Syndrome	Likely/Definite Acute Coronary Syndrome	Definite Acute Coronary Syndrome with continuing Ischemia or Other High Risk Features of planned Percutaneous Catheter Intervention
Aspirin	Aspirin	Aspirin
	Clopidogrel	Clopidogrel
	LMWH	IV heparin
		(IV platelet) Glycoprotein IIb/IIIa antagonist

Reference: **ACC:** American College of Cardiology    **AHA:** American Heart Association    **ASCETS:** Acute Coronary Syndrome Emergency Treatment Strategy