

- 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)

**SUSPECTED UNSTABLE ANGINA NON-ST ELEVATION MI (NSTEMI)  
EMERGENCY DEPARTMENT ORDERS**

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

DATE:	TIME:	<b>PRESCRIBER ORDERS</b>
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Height: \_\_\_\_\_ cm    Weight: \_\_\_\_\_ kg

**DIAGNOSTICS:**

- Stat EKG, obtain old EKG record
- Stat ACS Lab Panel: CMP, CBC/diff, INR/ PTT, Cardiac markers: CKMB, Troponin I, Myoglobin; draw baseline, repeat in 90 min Repeat Cardiac marker CKMB, Troponin I in 6 hours
- Portable Chest X-ray
- Cardiac monitor and SaO2 monitors
- Old Records
- Other: \_\_\_\_\_

**ANTI-ISCHEMIC THERAPY:**

- Oxygen 2 L/min via nasal cannula (titrate to keep pulse oximetry saturations greater than 94%)
- IV - 0.9% NaCl:         Trap         KVO        \_\_\_\_\_ mL/hour
- Opiate: \_\_\_\_\_ mg IV (suggest morphine sulfate)

**NITROGLYCERIN THERAPY:**

**(Hold if patient has taken sildenafil (Viagra), vardenafil (Levitra), tadalafil (Cialis) within 24 hours):**

- Nitroglycerin 0.4 mg SL every 5 minutes x 3 doses or until pain relief or SBP less than 100 mm Hg
- Nitroglycerin paste \_\_\_\_\_ inch(es) topically X 1
- IV - start nitroglycerin infusion 50 mg in 250 mL D5W (use 25 mg in 250 mL D5W at Mercy Hospital) and infuse at 10 mcg/min, then titrate as per physician order

**ACS ANTI-THROMBOTIC TREATMENT GUIDE:**
**I) Possible ACS:**

- Aspirin 162 mg PO (2 chewable 81 mg tablets) X 1

**II) Likely/definite ACS (without continuing ischemic pain or high risk features):**

- a. Chief symptom: chest or left arm discomfort and / or
- b. Prior MI, history of CAD, extra-cardiac vascular disease, age greater than 70 years and / or
- c. EKG, fixed Q waves, presumed old abnormal ST segments or T waves

- Aspirin 162 mg PO (2 chewable 81 mg tablets) X 1
- Clopidogrel (Plavix) 300 mg PO (loading dose). Hold if CABG is already scheduled or currently on Plavix.
- Enoxaparin (Lovenox) \_\_\_\_\_ mg subcutaneously X 1 (dosing = 1 mg/kg and round to nearest 10 mg)

Note: Use unfractionated heparin in severe renal impairment (creatinine clearance less than 30 mL/min) and morbidly obese patients

**III) Definite ACS with any of the following features):**

- a. Continuing ischemic pain (despite ASA, Clopidogrel, IV nitroglycerin, heparin)
- b. High risk (of death or non-fatal MI) features: positive cardiac enzymes, new or transient ST segment changes (> 0.05mV), pain at rest > 20 minutes, diabetes, pulmonary edema, recent MI, age > 75 years, hypotension, sustained VT
- c. Planned Intervention

- Aspirin 162 mg PO (2 chewable 81 mg tablets) X 1
- Clopidogrel (Plavix) 300 mg PO (loading dose). **Hold if CABG is already scheduled or currently on Plavix**
- Eptifibatid (Integrilin): IV bolus and IV infusion per hospital protocol  
Note: Half infusion rate if serum creatinine is greater than 2 mg/dL
- Unfractionated heparin: IV bolus and IV infusion as per hospital protocol

**BETA-BLOCKER THERAPY:**

- Metoprolol (Lopressor) 5 mg IV every 5 minutes x 3 doses  
(Hold for SBP less than 90, HR less than 50, AV block greater than 1st degree, decompensated CHF, severe COPD/asthma)

**Additional Orders:**

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