

- 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)

ST-ELEVATION MI (STEMI): EMERGENCY DEPARTMENT ORDERS

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

| | | |
|-------|-------|--------------------------|
| DATE: | TIME: | PRESCRIBER ORDERS |
|-------|-------|--------------------------|

Height: _____ cm Weight: _____ kg

DIAGNOSTICS:

- Stat EKG, obtain old EKG record
- If confirmed Inferior Wall MI, do right-side EKG to rule out RV involvement
- Repeat stat EKG 60 minutes after thrombolytic administered
- Stat ACS Lab Panel: CMP, CBC/diff, INR/ PTT, Cardiac marker: 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 monitor
- 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, Revatio), 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 and infuse at 10 mcg/min, then titrate as per physician order

ANTI-THROMBOTIC THERAPY:

- Aspirin 162 mg PO (2 chewable 81 mg tablets) STAT
- Clopidogrel (Plavix) 300mg loading dose PO now (if patient not currently taking Plavix)

CONSIDER PRIMARY PCI: REFER TO STANDING ORDERS FOR EMERGENT PCI
REPERFUSION THERAPY:

Indications: Chest Pain, EKG ST-elevations or new left bundle branch block

Assess for contraindications for fibrinolytic therapy:

1. History of hemorrhagic stroke at any time; other stroke or cerebrovascular event within 1 year
2. Known intracranial neoplasm 3. Active internal bleeding 4. Suspected aortic dissection (consider CT of chest)

- If fibrinolytic contraindicated, **CONTACT** Interventionalist on call @643-0249
- Tenecteplase [TNKase] IV bolus x1 dose as follows: (IV Heparin indicated ½ hour post TNK)
 - 30 mg for less than 132 lbs // [less than 60 kg]
 - 35 mg for 132-153 lbs // [60 to less than 70 kg]
 - 40 mg for 154-175 lbs // [70 to less than 80 kg]
 - 45 mg for 176-197 lbs // [80 to less than 90 kg]
 - 50 mg for 198 lbs or above // [90 kg or above]

HEPARIN THERAPY:

- Unfractionated heparin: IV bolus and IV infusion 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)
Assess for reperfusion based on angina intensity, ST resolution, and/or hypertension

- Cardiology consultation. Call Dr. _____

CARDIAC CATH TRANSFER PROCEDURE:

- Referring hospital call CARDIAC TRANSFER CENTER @ 1-877-4CHSCTC (1-877-424-7282)
- Call the ambulance STAT Time called: _____ **OR** Helicopter Transport Time called: _____

Prescriber Signature: _____