

- Directions:**
1. Mark through the item you do not wish to order
 2. Indicate choice when options are available by placing a check (✓) in the parenthesis

CHEST PAIN - STAT ORDERS

() **Aspirin** – 81 mg chewable tabs x 4; **Time given:** _____ or () Reason for not ordering ASA: _____
 () **STAT EKG:** "Chest Pain" () **Initial Cardiac Isoenzymes (CK-MB, Troponin and Myoglobin)**
 () **Verbal Order Verification**
Physician's Signature: _____ **Date/Time:** _____
Registered Nurse: _____ **Date/Time:** _____

1. **ATTENDING PHYSICIAN:** _____
2. () **OBSERVATION** preferably on: () Med/Surg () 5N Telemetry () 5N Step-Down
3. () **ADMISSION for Inpatient Critical Care** preferably on () CCU or other Critical Care Unit if CCU bed unavailable
4. **MONITORING:** Vital signs per unit protocol or () every ___ hours () Strict Intake and Output every shift
 () Weight on admission and daily at same time using same scales () Cardiac Telemetry () Continuous Pulse Oximetry
5. **ALLERGIES:** _____ () No known allergies
6. **ACTIVITY:** () As tolerated () Bedrest with bathroom privileges () Bedrest
7. **DIET:** () Three-gram sodium low animal fat () Other diet _____ () Fluid restriction 2000ml/day
 () **Saline lock I.V.** or () **I.V. Fluids** _____ at _____ ml per hour.
 Additives: _____
8. **EDUCATION:** Provide and document **Smoking Cessation Counseling** for any patient who has smoked within 12 mos.
9. **RECORDS:** Copy previous ECHO, Stress or Cardiac Catheterization report within 12 mos. and place on chart
10. **RESPIRATORY CARE:** O₂ saturation by pulse oximeter spot check if not done in ED (on room air if possible)
 Continuous pulse oximetry if respiratory rate is greater than 32 per minute
 A. If O₂ sat less than 95% on room air, consult Respiratory Care for the following: (Caution with COPD patient)
 • Place on appropriate O₂ device and increase by 1 liter per minute or 5% increments until O₂ sat is 95%
 • Wean O₂ as tolerated 8 hours after patient's O₂ sat reaches 95%
 B. If O₂ sat is greater than 95% on room air, Respiratory Care to recheck O₂ sat prn for change in status
11. **LABS:** () CMP () Cardiac Enzymes at 0 hour (CK-MB, Troponin and Myoglobin) if not drawn in ED
 Cardiac Enzymes (CK-MB, Troponin) at 6 hours and 12 hours
 () Magnesium level () PT/PTT () Repeat PT daily for ___ days on Coumadin () Fasting lipid profile in AM
 () CBC – Notify Physician if platelets less than 100,000 () CBC q 2 days while on heparin or enoxaparin (Lovenox)
12. **DIAGNOSTICS:** () Chest X-ray PA and Lateral "Chest Pain" () EKG next A.M. "Chest Pain"
13. **MEDICATIONS: Notify physician of chest pain requiring PRN medication or significant arrhythmia.**
Arrhythmia treatment per ACLS protocol pending specific orders.
 () If not given in ED, **Aspirin** – 81 mg chewable tabs x 4 STAT, then Aspirin 81mg orally daily
 () **Nitroglycerin** 0.4 mg S.L. chest pain for coronary vasodilatation, may repeat every 5 minutes up to 3x for pain.
 Do not administer **Nitroglycerin** if SBP 100 or less or signs of cardiogenic shock. Check BP after each dose.
 If chest pain persists, or SBP less than 100, **Morphine Sulfate** may be used as below. Notify physician if given.
 () **Morphine Sulfate** 2 mg I.V. push prn chest pain unrelieved by **Nitroglycerin**. May repeat up to every 5 minutes
 not to exceed 15 mg. Record vital signs before and after each dose. Notify physician if given.
 () **Acetaminophen (Tylenol)** 325mg tablets, two orally every 4hrs PRN mild pain
 Maximum dose : 12 tablets or 4grams per day from any source
 () **Docusate Calcium (Surfak)** 240mg orally at bedtime PRN constipation
 () **Mylanta** 30ml or **Amphojel** 10ml (for dialysis patients) orally every 4 hours PRN indigestion

For Acute M.I. also initiate Supplemental Orders for Acute Coronary Syndrome (CHH # 1197)

() **Verbal Order Verification**

Physician's Signature: _____
Date/Time: _____

Patient Identification