

Acute Coronary Syndrome / Chest Pain (Short Form for Observation Only)

Attending Physician: _____ Date: _____ Time: _____

Place in Observation Services: Telemetry

Diagnosis: Chest Pain/Possible ACS

Condition: Stable Guarded Critical Good Fair Poor

Allergies: NKDA Other: _____

Notify Physician ASAP if these occur:

- Ventricular Fibrillation/Ventricular Tachycardia
- BP less than 90 systolic
- Symptomatic HR less than 40
- Unresolved chest pain with elevated cardiac enzymes

Code Status: Full DNR

Vital Signs: Per unit protocol

Activity: Bed rest

Nursing: Daily weight Intake & Output Glucose checks AC and qHS, if diabetic
 Pulse oximeter on admission and every shift
 Smoking Cessation Education
 Foley to drainage Sequential Compression Device (SCD)
 Other: _____

Diet: Cardiac, then NPO after midnight

Fluids: Saline lock then NS at 100 ml/hr at 6am
 Other: _____

Oxygen: Nasal Cannula 2 L/min, adjust to keep O2 sat more than 92%

Labs: Troponin (STAT, and every 6 hours x 3) CK (STAT, and every 6 hours x 3)
 CKMB (STAT, and every 6 hours x 3) CBC with differential, In AM
 Fasting lipid profile, In AM BMP, In AM
 Other: _____

Studies: (If LVEF less than 40%, implement CHF Protocol)

- EKG, in AM ECHOCARDIOGRAM, IN AM DR _____ TO READ
Perform in am if cardiac enzymes negative x 2 (Hold am Beta Blocker)
 Exercise Stress echocardiogram
 Exercise Nuclear Stress Test
 Lexiscan Nuclear Stress Test
 Other: _____

Physician Signature: _____

Date/Time: _____

____ Orders Faxed to Admitting ____ Orders Faxed to Pharmacy ____ Telephone Orders Read Back to Prescriber (TORB)

PHYSICIAN SIGNATURE: _____	DATE/TIME _____	TRANSCRIBED BY: _____	DATE/TIME _____
PHYSICIAN PRINTED NAME: _____	DATE/TIME _____	VERIFIED BY: _____	DATE/TIME _____



Account Number: _____	MR Number: _____
Patient Name: _____	
Admit Date: _____	



3580 West 9000 South
 West Jordan, UT 84088
 (801) 561-8888

DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
Allergies: _____								
Attending Physician Name: _____								

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Medications: Check the appropriate box. (Hold any listed if allergic) (Standard medications are already checked, implement unless lined out)

- ASPIRIN 325 MG (81 MG CHEWABLE TABLETS X 4) PO NOW (hold if given in ED), THEN DAILY**
- Nitroglycerin 0.4mg SL every 5 minutes as needed for chest pain (Max of 3 tablets in 15 minutes)
- METOPROLOL (LOPRESSOR) 25 MG PO BID. Hold for HR less than 55 and systolic BP less than 90**
- Simvastatin (Zocor) 40 mg PO, every night before bedtime
- Enoxaprin (Lovenox) 1 mg/kg subcutaneous now (hold if given in ED) and then every 12 hours (renal dosing per pharmacy)
- Heparin IV, Weight based ACS protocol
- Nicotine _____mg topical patch apply daily
- Famotidine (Pepcid) 20 mg PO twice daily
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to morphine or codeine)
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN nausea/vomiting
- Zolpidem (Ambien) 5 mg PO qHS PRN sleep. May repeat dose in one hour if no result.
- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F (not to exceed 4 grams per 24 hrs)
- MOM 10 ml PO every HS PRN constipation
- Maalox 30 ml PO every 4 hours PRN heartburn
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain

Additional Meds:



- _____
- _____
- _____
- _____
- _____
- _____
- _____

Physician Signature: _____

Date/Time: _____

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	Admit Date:								
Jordan Valley MEDICAL CENTER 3580 West 9000 South West Jordan, UT 84088 (801) 561-8888	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								