



Attending Physician: _____ Date: _____ Time: _____
 Admit to Inpatient: Med/Surg Cardiac Tele Med/Surg Tele ICU
 Place in Observation Services: Med/Surg Cardiac Tele Med/Surg Tele Other _____
 Diagnosis: Acute Coronary Syndrome Chest Pain Acute MI Other: _____
 Consult: Cardiology: _____
 Other: _____
 Allergies: _____

Code Status: Full DNR

Vital Signs: Per unit protocol Every shift every _____ hours Other: _____

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges only

Nursing: Daily weight Intake & Output Foley to drainage Sequential Compression Device (SCD)
 Pulse oximeter every shift twice a day
 Glucose checks AC and at bedtime or every _____ hrs Other: _____

Diet: Regular NPO 1 gm low sodium 2 gm low sodium Clear liquid Full liquid
 Low fat, low cholesterol
 Diabetic: _____ kCal ADA No caffeine or temperature extremes
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock
 Other: _____

Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat more than 92%
 Venti Mask _____ % FIO2 100% NRB
 Other: _____

Protocols (if available): All protocol orders must be placed in chart
 Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)

Labs: Cardiac enzymes (CPK, CPK-MB, Troponin) every 6 hours x 3
 BMP CMP Stool guaiac Fasting lipid profile TSH
 UA ABG D-dimer Fibrinogen High Sensitivity C-Reactive Protein
 CBC with differential () Now () In AM () Other _____
 CBC without differential () Now () In AM () Other _____
 Check PTT every 6 hours x 4 then every day Check PTT 6 hours after each heparin dosage change
 Other Labs: _____

Studies: (if LVEF less than 40%, implement CHF Protocol)
 CXray: Portable PA/Lateral Cardiac Stress Test: (after negative enzymes x 3)
 EKG STAT PRN with chest pain or palpitations Exercise treadmill Stress echocardiogram
 Nuclear Cardiac Scan (assess wall motion, EF) Adenosine treadmill Treadmill with Cardiolyte
 ECHOCARDIOGRAM DR _____ **TO READ** Persantin Thallium Dobutamine Stress Test
 Other: _____

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

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

<p>1301 S. Crismon Rd. Mesa, AZ 85209</p>	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								

Standard Medications: (all orders below will be implemented unless crossed out)

- ✓ Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F
- ✓ Docusate sodium (Colace) 100 mg PO qHS
- ✓ MOM 30 ml PO PRN constipation
- ✓ Maalox 30 ml PO PRN heartburn
- ✓ Percocet 5/325 mg PO every 4 hours PRN for moderate pain
- ✓ Morphine Sulfate 2 mg IV every 4 hours PRN severe pain
- ✓ Temazepam (Restoril) 15 mg PO qHRS PRN sleep. May repeat dose once in one hour if no results
- ✓ Prochlorperazine (Compazine) 5 mg IV every 6 hours PRN nausea/vomiting

Protocols: All protocol orders must be placed in chart

- Nitroglycerin IV Protocol
- Lidocaine IV Protocol
- Eptifibatide (Integrilin)
- Potassium Protocol [] IV [] PO
- Magnesium Protocol IV
- Insulin subcutaneous Sliding Scale protocols: [] Mild Protocol [] Moderate Protocol [] Aggressive Protocol



Medications: (Check the appropriate box)


- ASPIRIN 325 MG (81 MG CHEWABLE TABLETS X 4) PO NOW, THEN 81MG 162 MG PO DAILY
- LISINAPRIL (ZESTRIL, PRINIVIL) 5 MG PO NOW, THEN 10 MG DAILY (START IN AM)
IF ALLERGIC OR INTOLERANT TO ACEI, USE LOSARTAN (COZAAR) 25MG PO DAILY – Do Not Use IF ANGIOEDEMA IS PRESENT
- RETEPLASE (RETAVASE) 10 UNITS IV BOLUS OVER 2 MINUTES. REPEAT BOLUS IN 30 MINUTES
- TPA (Activase) 15 mg IV push over 2 minutes, followed by 0.75 mg/kg (max 50 mg) IV infusion over 30 minutes, followed by 0.5 mg/kg (max 35 mg) IV infusion over 60 minutes
- Clopidogrel (Plavix) 75 mg PO x 1 now, then 75 mg PO once daily
- Morphine sulfate 2mg IV every 10 minutes PRN chest pain (max 8 mg/hr)
- Nitroglycerin 0.4mg SL every 5 minutes as needed for chest pain (Max of 3 tablets in 15 minutes)
- Nitroglycerin infusion [] 50 mg/250 ml D5W at 200 micrograms/ml [] 50 mg/500 ml D5W at 100 micrograms/ml
Titrate to control symptoms in 5 microgram/min 10 microgram/min steps,
up to [] 1 [] 2 [] 3 microgram/kg per min; maintain SBP more than 100mm
- Nitroglycerin 1 2 inch topically to chest wall every 24 hours. Remove at bedtime.
- Isosorbide dinitrate (Isordil) 5 mg PO TID 10 mg PO TID 20 mg PO TID 30 mg PO TID 40 mg PO TID 60 mg PO TID
- Amiodarone 150mg IV bolus over 10 minutes. Start 450 mg/D5W 250 mL infusion at 1mg/min for 6 hrs, then 0.5 mg/min for 18 hrs
- Eptifibatide (Integrilin) 180 microgram/kg IV push, then 2 microgram/kg per minute for 48 hrs 72 hrs
- Metoprolol (Lopressor) 5 mg IV every 5 minutes x 3 doses
- Metoprolol (Lopressor) 25 mg PO BID. Start in A.M.
- Simvastatin (Zocor) 40 mg PO, every night before bedtime
- Lorazepam (Ativan) 0.5mg PO every 6 PRN 1 mg PO PRN every 6 hours as needed for anxiety
- Famotidine (Pepcid) 20 mg IV twice daily PO twice daily
- Pantoprazole (Protonix) 40 mg IV once daily PO once daily
- Nicotine 21mg topical patch apply daily
- Dalteparin (Fragmin) 5,000 units SubQ every 24 hours
- Heparin 5,000 units subcutaneous every 8 hours
- Heparin 80 units/kg push then [] 18 units/kg per hour by continuous IV infusion to maintain PTT _____ times control

Additional Meds:

- _____
- _____
- _____
- _____

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 Mountain Vista MEDICAL CENTER	1301 S. Crismon Rd. Mesa, AZ 85209	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:									
	Attending Physician Name:									