



HLI Group Admission Orders 1 of 2

Acute Coronary Syndrome / Chest Pain (Long Form)

Attending Physician: _____ Date: _____ Time: _____

Admit to Inpatient: Telemetry ICU

Place in Observation Services: Telemetry

Diagnosis: Acute Coronary Syndrome Chest Pain Acute MI Other: _____

Condition: Stable Guarded Critical Good Fair Poor

Consult: Cardiology: _____

Hospitalist: _____

Critical Care: _____

Other: _____

Allergies: NDKA 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 Every shift Every _____ hours

Other: _____

Activity: Bed rest Up in chair Up in Chair with assistance only Bathroom privileges only

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: NPO Cardiac, then NPO after midnight Cardiac Carbohydrate controlled

Fluids: Intravenous: _____ @ _____ ml/hr

Saline lock

Other: _____

Oxygen: Nasal Cannula 2 L/min, adjust to keep O2 sat more than 90%

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) Fasting lipid profile, In AM

CBC with differential, In AM Magnesium, In AM

BMP, in AM BNP, In AM TSH, 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: _____

___ 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: _____	

Salt Lake Regional MEDICAL CENTER 1050 East South Temple - Salt Lake City - Utah 84102 (801) 350-4111	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies: _____									
	Attending Physician Name: _____									



HLI Group Admission Orders 2 of 2

Acute Coronary Syndrome / Chest Pain

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, THEN

 81MG PO DAILY

 162 MG PO DAILY

Beta Blocker:

- METOPROLOL (LOPRESSOR) 25 MG PO BID. *Hold for Heart Rate less than 55 and systolic BP less than 90*
 Other: _____

ACEI/ARB:

- 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 *Hold for systolic BP less than 90*
 Other: _____

Statin:

- Simvastatin (Zocor) 40 mg PO, every night before bedtime
 Other: _____
 Clopidogrel (Plavix) 75 mg PO once daily
 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
 Titrate to control symptoms in [] 5 microgram/min [] 10 microgram/min steps,
 up to a maximum of _____ microgram/kg per min; maintain SBP more than 100mm Hg
 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
 Eptifibatide (Integrilin) 180mcg/kg IV push then 2mcg/kg per minute(renal dosing per pharmacy)
 Amiodarone 150mg IV bolus over 10 minutes. Start infusion at 1mg/min for 6 hrs, then 0.5 mg/min for 18 hrs
 Nicotine _____ mg topical patch apply daily
 Famotidine (Pepcid) 20 mg PO twice daily
 Pantoprazole (Protonix) 40mg PO once 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.
 Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
 Insulin Sliding Scale per protocol Mild Moderate Aggressive

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 (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
 Docusate sodium (Colace) 100 mg PO qHS

Additional Meds:

- _____

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