



Addressograph

Chest Pain Care Track 2
Acute Non ST Segment Elevation MI OR Unstable Angina
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This Chest Pain Track 2 Care Track may need to be adapted to meet the needs of a specific patient.
The Care Track should not replace clinical judgment.

Quality indicator

Date: Time: Height: Weight: Contrast allergy
1. Allergies:
2. Repeat EKG in 2 hours and prn chest pain.
3. STAT Cardiology Consult. Call every 5 minutes until response.
Patient's cardiologist: Dr. Time Time Time
Cardiologist on call: Dr. Time Time Time
Record time of cardiology response [] Phone [] Personal Exam
4. Call patient's primary care physician. Dr. Time:
5. If not given in triage, ASA 325 mg PO (chew) (may give suppository per rectum if PO not tolerated).
If ASA not given, why: [] Allergic [] Given prior to arrival
6. Nitroglycerin [NTG]. Hold if systolic BP is less than 100 mmHg:
[] Nitroglycerin [NTG] 0.4 mg SL q 5 min x 3 prn chest pain [hold if Systolic BP is less than 100 mmHg].
[] Nitroglycerin Topical [Nitrol Ointment] [] 1/2 inch [] 1 inch [] 2 inch q 6 hours.
[] Nitroglycerin IV drip 50mg/ 250ml (concentration 200mcg/ml). Start at 10 mcg/min and increase dose
by 5 mcg/min every 3 minutes to achieve chest pain relief.
7. Metoprolol [Lopressor] 25 mg po STAT. If po not tolerated, 5 mg IV q 5 minutes x 3 doses.
Hold if Systolic BP is less than 100 mmHg or HR is less than 60 bpm, or if patient presents with heart failure.
If Metoprolol not given, why: [] Allergy; [] hypotension; [] HR less than 60 bpm
8. [] Initiate Heparin Cardiac Protocol (place copy of protocol on chart)
OR [Choose Only One]
[] Enoxaparin Sodium [Lovenox] 1mg/kg subcutaneous x 1 dose.
[] Clopidogrel [Plavix] 75 mg PO now.
[] GP2b3a protocol (place copy of protocol on chart) Time initiated
[] Eptifbatide [Integrilin] OR [] Abciximab [Reopro]
9. [] Statin (ask cardiologist type & dose):
Diagnostic Tests:
10. If not already done: [] CXR. [] PA/lateral [] Portable with patient upright. Reason: [] Acute Coronary Syndrome;
[] CBC; [] CMP; [] PT/PTT; [] d-Dimer; [] Magnesium; [] BNP
[] Cardiac panel now and in 3 and 6 hours.
11. [] If Mg++ < 2.0 then give 2 gm Magnesium sulfate / 100cc IV over 2 hours
12. [] Ondansetron (Zofran) 2 mg IV q 4 hrs prn nausea OR
13. [] Promethazine [Phengergan] 12.5mg IV q 4 hour prn nausea
14. For chest pain unrelieved with NTG
[] Morphine 2 mg IV q 5 min prn [] Morphine 4 mg IV q 5 min prn; [] Notify MD
[] Acetaminophen [Tylenol] 650 mg po q 4 hours prn HA
15. VS q 15 min until stable. May progress to q 30 minutes, then q1 hour based on patient condition.
16. NPO except for medication/Strict Bedrest/ O2 BNC Keep SAT greater than 92%/ Establish IV access.
17. Old Chart/EKG's to chest pain unit Send to floor on admission.
18. Notify MD for: recurrent chest pain, new or sustained arrhythmias, systolic BP less than 90 or greater than ;
O2 sat less than 90%; excessive bruising, bleeding or hematoma; syncope/pre-syncope; HR less than 45bpm or
greater than 120 bpm; severe HA or mental status change.
20. Disposition: [] Transfer to Cath lab [] Admit to (room #) [] Transfer to
21. Report called to:
22. Condition: [] Critical [] Serious [] Fair [] Good
23. *Record time Patient left ED/Chest Pain Center

Physician's Signature Name Printed Number Date
R.N. Signature Date