



**Physician Orders ADULT
ED Chest Pain Orders**

attach patient label here

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

| | | |
|---|--|--|
| Allergies: | | <input type="checkbox"/> No known allergies |
| <input type="checkbox"/> Medication allergy(s): _____ | | |
| <input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____ | | |
| <input checked="" type="checkbox"/> | Chest Pain Initial Care Track | |
| <input checked="" type="checkbox"/> | Chest Pain , AMI Quality Measures | |
| Triage Standing Orders | | |
| <input type="checkbox"/> | Vital Signs | T;N, Routine |
| <input type="checkbox"/> | NPO | Start at: T;N |
| Patient Care | | |
| <input type="checkbox"/> | Intermittent Needle Therapy Insert/Site (INT Insert/Site Care) | T;N,Routine,q4day |
| <input type="checkbox"/> | O2 Sat Spot Check-NSG | T;N |
| <input type="checkbox"/> | Telemetry (ED Only) (Cardiac Monitoring (ED Only)) | T;N, STAT |
| NOTE: If patient known diabetic, order bedside glucose below: | | |
| <input type="checkbox"/> | Whole Blood Glucose Nsg (Bedside Glucose Nsg) | T;N |
| <input type="checkbox"/> | Nursing Communication | T;N, Send patient to chest pain center |
| <input type="checkbox"/> | Nasal Cannula (O2-BNC) | T;N, 2L/min L/min, Special Instructions: Titrate to O2 sat >= 92% |
| <input type="checkbox"/> | CMP | T;N, STAT, once, Type: Blood, Nurse Collect |
| <input type="checkbox"/> | ED Troponin-I | T;N, STAT, once, Type: Blood, Nurse Collect |
| <input type="checkbox"/> | Troponin-I | T;N+120, once, Type: Blood, Nurse Collect |
| NOTE: If patient complains of abdominal pain, order Lipase Level below | | |
| <input type="checkbox"/> | Lipase Level | T;N, STAT, once, Type: Blood, Nurse Collect |
| NOTE: If patient with c/o shortness of breath, order below: | | |
| <input type="checkbox"/> | BNP Pro | T;N, STAT, once, Type: Blood, Nurse Collect |
| NOTE: If patient with c/o syncope, order below: | | |
| <input type="checkbox"/> | Magnesium Level | T;N, STAT, once, Type: Blood, Nurse Collect |
| NOTE: If possibility of pregnancy order below. | | |
| <input type="checkbox"/> | Pregnancy Screen Serum | T;N, STAT, once, Type: Blood, Nurse Collect |
| <input type="checkbox"/> | Electrocardiogram (EKG) | Start at: T;N, Priority: Stat, Reason: Chest Pain/Angina/MI, Transport: Stretcher, Frequency: once, Obtain left sided for MI and present to MD immediately |
| <input type="checkbox"/> | Electrocardiogram (EKG) | Start at: T;N+120, Priority: Routine, Reason: Chest Pain/Angina/MI, Transport: Stretcher, Frequency: once |
| <input type="checkbox"/> | Chest 2 VW | T;N, Reason for Exam: Chest Pain, Stat, Stretcher |
| NOTE: Place order below if patient on cardiac monitor: | | |
| <input type="checkbox"/> | Chest 1VW Frontal | T;N, Reason for Exam: Chest Pain, Stat, Portable |





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| Patient Care | | |
|--------------------------|---|--|
| <input type="checkbox"/> | Nursing Communication | T;N, Send patient to chest pain center |
| Respiratory Care | | |
| <input type="checkbox"/> | Nasal Cannula | T;N, 2L/min, Special Instructions: Titrate to O2 sat >= 92% |
| <input type="checkbox"/> | ISTAT Blood Gases (RT Collect) (ABG- RT Collect) | T;N Stat once |
| <input type="checkbox"/> | ED ISTAT Point of Care (RT Collect) (South) | T;N Stat once, Test Select Sodium Potassium Chloride BUN Creatinine, Preferred Specimen Type: Arterial |
| Continuous Infusions | | |
| <input type="checkbox"/> | Sodium Chloride 0.9% (NaCl 0.9%) | 1000mL, IV STAT, 75mL/hr, T;N |
| Medications | | |
| <input type="checkbox"/> | Sodium Chloride 0.9% Bolus | 500 mL, IV, once STAT, 1000mL/hr, T;N |
| <input type="checkbox"/> | Sodium Chloride 0.9% Bolus | 1000mL, IV once STAT, 1000mL/hr, T;N |
| <input type="checkbox"/> | aspirin | 324 mg, Chew tab, PO, once, STAT, T;N, Comment: Use 81mg x 4 chew tabs. |
| <input type="checkbox"/> | aspirin | 300 mg, Supp, PR, once, STAT, Comment: Give if unable to take PO. |
| <input type="checkbox"/> | Ondansetron | 4mg, Injection, IV Push, once, STAT, T;N |
| <input type="checkbox"/> | prochlorperazine | 5 mg, Injection, IV Push, once, PRN Nausea/Vomiting, STAT, T;N |
| <input type="checkbox"/> | nitroglycerin | 0.4 mg, Tab, SL, q5min, PRN Chest Pain, STAT, Comment: PRN Chest Pain or SOB maximum 3 doses to maintain hemodynamic parameters per provider orders. FIRST CHOICE |
| <input type="checkbox"/> | nitroglycerin 2% topical transdermal ointment | 1 inch, Ointment, TOP, q6h, PRN, Other , specify in comment: Chest Pain or Hypertension to maintain hemodynamic parameters per provider orders. T;N. Wipe off for SBP less than 100mmHg. SECOND CHOICE |
| Laboratory | | |
| <input type="checkbox"/> | Lipid Profile | T;N, STAT, once, Type: Blood, Nurse Collect |
| <input type="checkbox"/> | Prothrombin Time (PT/INR) | T;N, STAT, once, Type: Blood, Nurse Collect |
| <input type="checkbox"/> | Partial Thromboplastin Time (PTT) | T;N, STAT, once, Type: Blood, Nurse Collect |
| <input type="checkbox"/> | Magnesium Level | T;N, STAT, once, Type: Blood, Nurse Collect |
| <input type="checkbox"/> | BNP Pro | T;N, STAT, once, Type: Blood, Nurse Collect |
| <input type="checkbox"/> | Myoglobin | T;N, STAT, once, Type: Blood, Nurse Collect |
| <input type="checkbox"/> | D-Dimer Quantitative | STAT, T;N, once, Type: Blood, Nurse Collect |
| <input type="checkbox"/> | Cocaine Screen Urine | STAT, T;N, once, Type: Urine, Nurse Collect |
| Diagnostic Tests | | |
| <input type="checkbox"/> | Electrocardiogram (EKG) | Start at: T;N, Priority: STAT, Reason: Chest Pain/Angina/MI, Transport: Stretcher, Frequency: once, Obtain right sided MI and present to MD. |
| <input type="checkbox"/> | CV EKG W 12 Plus Leads Tracing Only W/O Intrap External (EKG, Pre-hospital (ED only)) | Start at: T;N, STAT, Reason: Chest Pain/Angina/MI, Transport Stretcher, Frequency Once |

Date Time Physician's Signature MD Number

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