



# Physician Orders ADULT

## Order Set: ED Low/Intermediate Chest Pain Orders (Track 3)

[R] = will be ordered

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

Allergies: ☐ No known allergies☐ Medication allergy(s): \_\_\_\_\_☐ Latex allergy ☐ Other: \_\_\_\_\_

### Uncategorized

[R] ED Low/Intermediate Risk ACS T;N  
Orders☐ ED Low/Intermediate Risk ACS T;N  
Assessment Form

[R] Chest Pain, AMI Quality Measures T;N

### Admission/Transfer/Discharge

☐ Patient Status Initial Outpatient Attending PhysicianOutpatient Status/Service: ☐ OP-Ambulatory ☐ OP-Diagnostic Procedure ☒ OP-Observation Services

Bed Type: Telemetry

☐ Transfer Pt within current facility T;N

Primary Diagnosis:

Secondary Diagnosis:

### ACS Pathway

NOTE: It is reasonable to observe patients with symptoms consistent with ACS without objective evidence of myocardial ischemia (Non-ischemic initial ECG and normal cardiac troponin) in a Chest Pain Unit or Telemetry Unit with serial ECGs and cardiac troponin at 3-to 6 hour intervals. NOTE: It is reasonable for patients with possible ACS who have normal serial ECGs and cardiac troponins to have a treadmill ECG, stress myocardial perfusion imaging, or stress echocardiography before discharge or within 72 hours after discharge. NOTE: It is reasonable to give low-risk patients who are referred for outpatient testing daily ASA, short-acting nitroglycerin, and other medication if appropriate (e.g. beta blockers), with instructions about activity level and clinician follow-up.

NOTE: In patients with chest pain or other symptoms suggestive of ACS, a 12-lead ECG should be performed and evaluated for ischemic changes within 10 minutes of the patients arrival at an emergency facility. If the initial ECG is not diagnostic but the patient remains symptomatic and there is a high clinical suspicion for ACS, serial ECGs (e.g. 15- to 30-minute intervals during the first hour) should be performed to detect ischemic changes.

NOTE: Serial Troponin I should be obtained at presentation and 3 to 6 hours after symptom onset in all patients who present with symptoms consistent with ACS to identify a rising and/or falling pattern of values. If the time of symptom onset is ambiguous, the time of presentation should be considered the time of onset for assessing troponin values. Additional troponin levels should be obtained beyond 6 hours after symptom onset in patients with normal troponin levels on serial examination when changes on ECG and/or clinical presentation confer an intermediate or high index of suspicion for ACS.

NOTE: Risk Scores should be used to assess prognosis in patients with ACS. NOTE: EKG

0-Normal

1 point: No ST depression but LBBB, LVH, repolarization changes (ex. digoxin)

2 points: ST depression/elevation not due to LBBB, LVH, or digoxin

The Heart score is composed of 10, 1-point indicators rated on presentation.

Recommendations:

Score 0-3 Discharge Home

Score 4-6 Admit for clinical observation

Score 7-10 Early invasive strategies

NOTE: Immediate Management: 30-day negative predictive value >99% for ACS has been reported for patients presenting to the ED with Chest pain who undergo a 2-hour accelerated diagnostic protocol composed of a Heart risk score of 0, normal ECG and normal high-sensitivity troponin at 0 hours and 2 hours assuming appropriate follow up care. NOTE: Noninvasive stress testing is recommended in low-and-intermediate-risk patients who have been free of ischemia at rest or with low-level activity for a minimum of 12 to 24 hours. Treadmill exercise testing is useful in patients able to exercise in whom the ECG is free of resting ST changes on resting ECG that may interfere with interpretation. In patients undergoing a low-level exercise test, an imaging modality can add prognostic information. Pharmacological stress testing with imaging is recommended when physical limitations preclude adequate exercise stress. A noninvasive imaging test is recommended to evaluate LV function in patients with definite ACS.





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Vital Signs		
<input type="checkbox"/>	Vital Signs	Routine
Activity		
<input type="checkbox"/>	Bedrest	
Food/Nutrition		
<input type="checkbox"/>	NPO after midnight	
<input type="checkbox"/>	NPO	Start at: T;2359, Comment: fasting for tests
<input type="checkbox"/>	American Heart Association Diet	
Patient Care		
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N,q4day
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, Stat
<input type="checkbox"/>	O2 Sat Monitoring NSG	
<input type="checkbox"/>	Telemetry (ED Only) (Cardiac Monitoring (ED Only))	Stat
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	Stat, once
<input type="checkbox"/>	Instruct/Educate	Instruct: patient and family, Topic: heart disease
<input type="checkbox"/>	Discharge Instructions	patient to follow up with cardiologist within 72 hours and take copies of test results provided for further eval. Patient to refrain from cocaine use
Respiratory Care		
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	2 L/min, Special Instructions: Titrate to keep O2 sat $\geq$ 95%
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect) (ABG-RT Collect)	Routine
<input type="checkbox"/>	ED ISTAT Point of Care (RT Collect)	T;N Stat once, Test Select Sodium   Potassium   Chloride   BUN   Creatinine, Preferred Specimen Type: Arterial
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)	500 mL, IV Piggyback, once, STAT, 1,000 mL/hr.
<input type="checkbox"/>	Sodium Chloride 0.45%	1,000 mL, IV, STAT, T;N, 75 mL/hr
Medications		
<b>NOTE: If aspirin/metoprolol not ordered or given must document reason not given and/or contraindications</b>		
<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, T;N, Comment: If unable to tolerate PO.
<input type="checkbox"/>	metoprolol (metoprolol tartrate)	25 mg, Tab, PO, once, STAT
<b>NOTE: Hold nitroglycerin if BP less than 100mmHg</b>		
<input type="checkbox"/>	nitroglycerin	0.4 mg, Tab, SL, q5min, PRN Chest Pain, STAT, Comment: May give for chest pain or SOB. Maximum 3 doses. Hold if SBP less than 100mmHg.
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, q6h PRN Headache, Routine
<b>NOTE: If magnesium level is less than 2.1 mEq/mL, order magnesium below:</b>		
<input type="checkbox"/>	magnesium sulfate	2 g, Injection, IV Piggyback, IV Piggyback, once, Routine, T;N, (infuse over 2 hr)
<input type="checkbox"/>	famotidine	20 mg, Injection, IV Push, once, Routine, T;N



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Laboratory		
<input type="checkbox"/>	Lipid Profile	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Chem 8 Profile POC	Stat
<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"/>	N-terminal pro-Brain Natriuretic Peptide (BNP Pro)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Troponin-I	Time Study, T;N+180, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	ED Troponin-I	Time Study, T;N+360, 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
NOTE: If possibility of pregnancy order below:		
<input type="checkbox"/>	Pregnancy Screen Serum	STAT, once, Type: Blood, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Electrocardiogram (ECG)	Start at: T;N, Priority: STAT, Reason: Chest Pain/Angina/MI, <b>obtain left sided for MI (Right sided or posterior if indicated), Present to ED MD immediately</b>
<input type="checkbox"/>	Electrocardiogram(ECG)	Start at: T;N + 180 Priority: STAT, Reason: Chest Pain/Angina/MI
<input type="checkbox"/>	Electrocardiogram (ECG)	Start at: T;N + 360 Priority: STAT, Reason: Chest Pain/Angina/MI
<input type="checkbox"/>	Nursing Communication	if initial EKG is non diagnostic but patient remains symptomatic and high suspicion for ACS, place individual orders for an Electrocardiogram (EKG) q15mins for the first hour.
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Reason for Exam: Chest Pain, STAT, Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Reason for Exam: Chest Pain, STAT, Stretcher
<input type="checkbox"/>	CT Thorax W Cont Orders	
<input type="checkbox"/>	Myocardial Perf SPECT Mult Study w/delay diet	
<input type="checkbox"/>	Stress Test Orders (Stress Test Cardiac Orders)	
NOTE: If below tests are being requested place delay diet order:		
<input type="checkbox"/>	Delay Diet	Start at: T;2359, Special Instructions: Delay diet for purpose of testing
<input type="checkbox"/>	Treadmill Exercise	Start at: T;N, Reason: Chest Pain/Angina/MI, Priority: STAT, Transport: Stretcher
<input type="checkbox"/>	Treadmill Echocardiogram Stress Test	Start at: T;N, Reason: Chest Pain/Angina/MI, Request Reading MD: _____, Priority: STAT, Transport: Stretcher
<input type="checkbox"/>	Dobutamine Stress Echocardiogram	Start at: T;N, Reason: Chest Pain/Angina/MI, Priority: STAT, Transport: Stretcher
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	T;N, STAT, Consult: Interventional Cardiologist
<input type="checkbox"/>	Physician Consult	T;N, STAT, Consult: Cardiologist
<input type="checkbox"/>	Physician Consult	T;N, STAT, Consult: Primary Care Physician
<input type="checkbox"/>	Notify Physician-Continuing	T;N, for recurrent chest pain, new or sustained arrhythmias, systolic BP less than 90mmHg or greater than 180mmHg;excessive bruising, bleeding or hematoma; syncope/pre-syncope; headache or mental status changes; heart rate less than 45bpm or greater than 120bpm
<input type="checkbox"/>	Phvsician Consult	T;N, STAT, Consult: Cardiologist for Cardiac Stress Test

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician's Signature \_\_\_\_\_ MD Number \_\_\_\_\_