



Physician Orders ADULT
ED STEMI/LBBB New Onset Orders

attach patient label here

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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: _____
Non-Categorized		
<input checked="" type="checkbox"/> [R]	Chest Pain ST Elevation MI Care	T;N, Track
<input checked="" type="checkbox"/> [R]	Chest Pain, AMI Quality Measures	T;N,
NOTE: To Adhere to Regulatory guidelines, If there was a MEDICAL (non equipment related) Reason for a PCI delay, document the Reason below:		
<input type="checkbox"/> []	Reason for PCI Delay	T;N, Reason: _____
<input type="checkbox"/> []	Reason PCI NOT Primary	T;N, Reason: _____
Vital Signs		
<input type="checkbox"/> []	Vital Signs	T;N, Monitor and Record Temp / Pulse Resp Rate Blood Pressure, q15min x 4 occurrences, then routine.
Food/Nutrition		
<input type="checkbox"/> []	NPO	Start at: T;N
Patient Care		
<input type="checkbox"/> []	Intermittent Needle Therapy	T;N,Routine,q4day
	Insert/Site (INT Insert/Site Care)	
<input type="checkbox"/> []	O2 Sat Spot Check-NSG	T;N
<input checked="" type="checkbox"/> [R]	Cardiac Monitoring-ED Only	T;N, STAT
NOTE: If patient is known diabetic order Bedside Glucose below:		
<input type="checkbox"/> []	Whole Blood Glucose Nsg (Bedside	T;N, STAT, once
	Glucose Nsg)	
<input type="checkbox"/> []	Cath Lab Request to Schedule	T;N, STAT, Comment: ST Elevation MI
Respiratory Care		
<input type="checkbox"/> []	Nasal Cannula (O2-BNC)	T;N, 2L/min L/min, Special Instructions: Titrate O2 to keep O2 sat >=92%
<input type="checkbox"/> []	ISTAT Blood Gases (RT Collect)	T;N Stat once
	(ABG- RT Collect)	
Continuous Infusions		
<input type="checkbox"/> []	Sodium Chloride 0.9%	500 mL, IV Piggyback, once, STAT, 1,000 mL/hr, Comment: Bolus
<input type="checkbox"/> []	Sodium Chloride 0.9%	1,000 mL,IV,STAT,T;N,75 mL/hr
NOTE: Order Hydration/Cath PCI Protocol Plan if planning to take patient to cath lab in the next 12 hours.		
Medications		
NOTE: To Adhere to Regulatory guidelines, if Aspirin has not been administered within 24 hours prior to admission select aspirin below. If Aspirin is contraindicated, document Reason Aspirin Not Given on Arrival below:		
<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 PO not tolerated
<input type="checkbox"/> []	Reason Aspirin Not Given on Arrival	T;N, Reason: _____



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Medications continued	
	NOTE: To Adhere to Regulatory guidelines, if Beta-blocker therapy is contraindicated and will not be ordered as a discharge prescription, document the Reason Beta-Blocker Not Prescribed at Discharge below:
	Hold Beta Blocker if Systolic BP is less than 100mmHg or HR is less than 60 bpm, or if patient presents with heart failure
	NOTE: Give intravenous dose if patient has elevated BP otherwise give PO.
<input type="checkbox"/>	metoprolol 25 mg, Tab, PO, once, Routine, T;N
<input type="checkbox"/>	metoprolol 5 mg, Injection, IV Push, Once
<input type="checkbox"/>	metoprolol 5 mg, Injection, IV Push, q5min, STAT, T;N, (3 dose)
	Reason Beta-Blocker Not Prescribed at Discharge T;N, Reason: _____
	NOTE: Do not order nitroglycerin if SBP less than 100 mmHg
<input type="checkbox"/>	nitroglycerin 0.4 mg, Tab, SL, q5min, PRN Chest Pain, STAT, (3 dose)
<input type="checkbox"/>	nitroglycerin (nitroglycerin 50 mg/D5W infusion) 50 mg / 250 mL, IV, Routine, Titrate, Comment: Start at 10 mcg/min. Increase by 5 mcg/min q3min to achieve CP relief. Keep BP >90/50 mmHg.
<input type="checkbox"/>	morPHINE 2 mg, Injection, IV Push, q5min, PRN Chest Pain, STAT, T;N, (3 dose)
<input type="checkbox"/>	ondansetron 4 mg, Injection, IV Push, once, STAT
	NOTE: To Adhere to Regulatory guidelines, If there was a MEDICAL reason for a Fibrinolytic Therapy delay, document the Reason below:
<input type="checkbox"/>	ED-IV Thrombolytics for Acute MI Print and Complete Separate Sheet (form # 20557) Orders
<input type="checkbox"/>	Reason for Fibrinolytic Therapy Delay T;N, Reason: _____
<input type="checkbox"/>	ticagrelor 180mg, Tab, PO, once, STAT
<input type="checkbox"/>	acetaminophen 650 mg, Tab, PO, q4h, PRN Headache, STAT
	NOTE: If magnesium level is less than 2.1mEq/mL, order magnesium sulfate below:
<input type="checkbox"/>	magnesium sulfate 2 g, Injection, IV Piggyback, once, STAT, (infuse over 2 hr)
<input type="checkbox"/>	famotidine 20 mg, Injection, IV Push, once, STAT,
<input type="checkbox"/>	heparin 4,000 units, Injection, IV Push, once, STAT
	Note: If Patient weighs less than 58kg, order Heparin below:
<input type="checkbox"/>	heparin 2,500 units, Injection, IV Push, once, STAT
Laboratory	
<input type="checkbox"/>	CBC T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Basic Metabolic Panel (BMP) STAT, T;N, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	ED Troponin-I T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	CK Isoenzymes T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Chem 8 Profile POC T;N, Stat



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Laboratory (continued)		
[]	Prothrombin Time (PT/INR)	T;N, STAT, once, Type: Blood, Nurse Collect
[]	Partial Thromboplastin Time (PTT)	T;N, STAT, once, Type: Blood, Nurse Collect
[]	Magnesium Level	T;N, STAT, once, Type: Blood, Nurse Collect
[]	N-terminal pro-Brain natriuretic Peptide (BNP Pro)	T;N, STAT, Type: Blood, Nurse Collect
[]	Lipid Profile	T;N, STAT, once, Type: Blood, Nurse Collect
[]	Myoglobin	T;N, STAT, once, Type: Blood, Nurse Collect
[]	D-Dimer Quantitative	T;N, STAT, once, Type: Blood, Nurse Collect
[]	Cocaine Screen Urine	T;N, STAT, once, Type: Urine, Nurse Collect
NOTE: If possibility of pregnancy and not done within 72 hours order appropriate tests below:		
[]	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
[]	Pregnancy Screen Urine Point of Care	T;N, Stat, once
Diagnostic Tests		
[R]	Electrocardiogram (EKG)	Start at: T;N, Priority: STAT, Reason: Chest Pain/Angina/MI, Transport: Stretcher, Obtain left sided for MI, and present to ED MD immediately
[]	Electrocardiogram (EKG)	Start at: T;N, Priority: STAT, Reason: Chest Pain/Angina/MI, Transport: Stretcher, Obtain right sided for MI and present to ED MD immediately
[]	CV EKG W 12 Plus Leads Tracing Only W/O Intrap External (Pre-Hospital (ED Only))	Start at: T;N, Priority: STAT, Reason: Chest Pain, Transport: Stretcher, Frequency: once
[]	Chest 1VW Frontal	T;N, Reason for Exam: Chest Pain, Stat, Portable
[]	CT Thorax W Cont	T;N, Reason for Exam: Chest Pain, Stat, Stretcher
[]	CT Thorax & Abdomen W/Cont Orders (CT Chest & Abdomen W/Cont Orders)	
Consults/Notifications		
[]	Notify Physician-Continuing	T;N, Notify: physician, Recurrent chest pain; new or sustained arrhythmias SBP less than 90mmHg or greater than 180mmHg , excessive bruising, bleeding, hematoma; syncope/presyncope: headache or mental status changes; HR less than 45bpm or greater than 120bpm
[R]	Physician Consult	T;N, Reason for Consult: STEMI, Interventional Cardiologist
[]	Physician Consult	T;N, Primary Care Provider
[]	Cardiac Rehab Consult/Doctor Order	T;N,

Date	Time	Physician's Signature	MD Number
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