



# Physician Orders ADULT

attach patient label here

## Title: ED IV Thrombolytics for Acute MI Orders

[X or R] = will be ordered unless marked out

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

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

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Uncategorized</b>		
<input checked="" type="checkbox"/> [R]	Chest Pain Quality Measures	T;N
<b>Vital Signs</b>		
<input type="checkbox"/> [ ]	Vital signs	T;N, STAT, q 5min x 30min; then q15min x 4; then q30min x 4; then q1hr as condition permits, Comment: Obtain blood pressure with manual cuff
<b>Activity</b>		
<input type="checkbox"/> [ ]	Bedrest	T;N, strict bedrest
<b>Food/Nutrition</b>		
<input type="checkbox"/> [ ]	NPO	T;N
<input type="checkbox"/> [ ]	Regular Adult Diet	T;N
<b>Patient Care</b>		
<input type="checkbox"/> [ ]	IV Insert/ Site Care	T;N, STAT, q4d, 2 lines - 1 line with multiple ports in 1 extremity for medication administration. 1 line in the opposite extremity for blood draw access.
<input type="checkbox"/> [ ]	IV Insert/ Site Care	T;N, STAT, q4d, 3 lines - 2 lines in 1 extremity for medication administration. 1 line in the opposite extremity for blood draw access.
<b>NOTE:</b> 3 lines are optimal and should be obtained as patient condition permits however DO NOT delay Thrombolytic Therapy due to inability to obtain 2 - 3 lines		
<b>Nursing Communication</b>		
<input type="checkbox"/> [ ]	Nursing Communication:	T;N, DO NOT insert any of the following: nasogastric tube, new Foley catheter, or perform arterial puncture for 24 hours after the first alteplase bolus.
<input type="checkbox"/> [ ]	Nursing Communication:	T;N, place central venous access under ultrasound guidance (IHI rec.) if the patient is deteriorating and additional access cannot be obtained with less invasive methods for 24 hours after the first alteplase bolus.
<input type="checkbox"/> [ ]	Nursing Communication:	T;N, STAT, alteplase and Heparin are incompatible. IV line must be flushed with saline between injection of alteplase and beginning heparin infusion.
<input type="checkbox"/> [ ]	Nursing Communication	T;N, Give Patient Teaching Materials About: Heart Attack and PTCA Stent
<b>Respiratory Care</b>		
<input type="checkbox"/> [ ]	ISTAT Blood Gases (RT Collect) (ABG - RT Collect)	T;N, STAT, once
<input type="checkbox"/> [ ]	Nasal Cannula (O2 - BNC)	T;N 2 Liters / minute BNC. Comment: Titrate to 8 Liters/minute BNC to keep O2 saturation equal to or greater than 92%
<input type="checkbox"/> [ ]	Venti Mask (O2 - Venturi Mask)	T;N, _____% Comment: titrate to keep O2 saturation equal to or greater than 92%





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Thrombolytic Orders			
<b>Thrombolytic therapy – the following medications are specific to utilization of Alteplase within the Stemi / New LBBB Protocol. Physician to review Inclusion/Exclusion criteria prior to initiation of orders.</b>			
[R]	Inclusion/Exclusion criteria reviewed		
	Time of MI symptom onset _____		
<b>If patient is greater than 67 kg order Alteplase below</b>			
[ ]	<b>Alteplase</b>	100 mg IV once STAT, T;N see order comments, Comment: Administer 15 mg IV bolus over 1-2 min, then infuse 50 mg IV over 30 minutes, then infuse 35 mg IV over 60 min. Flush line with 50 mL of sodium chloride 0.9% after Alteplase administration.	
	<b>OR</b>		
<b>if patient is less than or equal to 67 kg order Alteplase below</b>			
[ ]	<b>Alteplase</b>	100 mg IV, once STAT, T;N see order comments, Comment: Administer 15 mg IV bolus over 1-2 min, then infuse 0.75 mg/kg (max = 50mg) over 30 min followed by 0.5mg/kg (max = 35mg) over 60 min. Flush line with 50 mL of sodium chloride 0.9% after Alteplase administration.	
<b>Order one of the above thrombolytics AND</b>			
[ ]	<b>Heparin</b>	If weight less than 60kg, give 2,500 units, If weight greater than or equal to 60kg, give 4,000 units, routine, T;N, Comment: initiate after third alteplase bolus. Max dose= 4000 units.	
Continuous Infusions			
	<b>AND</b>		
[ ]	<b>Heparin 20,000 units/D5W Infusion</b>	20,000 units /500mL, IV, routine, T;N, titrate, Comment: Give bolus prior to start of infusion if ordered. Initial rate: 12 units/kg/hr (Maximum rate: 1000 units/hr) then titrate per aPTT chart (see Reference text)	
<b>(Reference text)</b>			
<b>Titration</b>		aPTT goal range is 1.5-2 times	
<b>aPTT value in seconds</b>	<b>Additional Action</b>	<b>Rate Change (in mL/hr)</b>	<b>LABS: aPTT</b>
less than or equal to 49.9 sec	Give bolus (same dose as initial bolus)	Increase rate by 240 units/hr (6mL/hr)	repeat in 6h
50-70 sec	N/A	Maintain same rate	Daily
70.1-124.9 sec	N/A	Decrease rate by 120 units/hr (3mL/hr)	repeat in 6h
greater than or equal to 125 sec	Hold infusion for 1 hour	Decrease Rate by 240 units/hr (6mL/hr)	Repeat 6h after infusion resumed
<b>NOTE: Do not order nitroglycerin if SBP less than 100 mmHg:</b>			
[ ]	<b>nitroglycerin 50 mL/D5W infusion</b>	50 mg / 250 mL, IV, routine, T;N, titrate, Comment: Start at 10 mcg/min and titrate by 5mcg/min every 3-5 min until pain relieved. Keep systolic BP between 90 and 180 mmHg. Keep diastolic BP less than 110 mmHg during Thrombolytic Therapy.	



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Medications		
<input type="checkbox"/>	ondansetron (Zofran)	4mg injection, IV Push,q6h, routine, T;N, prn nausea
<b>NOTE: Do not order nitroglycerin if SBP less than 100 mmHg:</b>		
<input type="checkbox"/>	nitroglycerin	0.4 mg tab, SL; q 5min, STAT, T;N, PRN chest pain, Comment: may give for chest pain or SOB for 3 doses, hold if SBP less than 100mmHg
<input type="checkbox"/>	Normal Saline 0.9% Flush	T;N, IV Push, Routine, PRN, Comment: Because alteplase, and Heparin are incompatible. IV line must be flushed with saline between injection of alteplase and beginning heparin infusion.
Laboratory		
<input type="checkbox"/>	CMP	T;N STAT, once, blood, Nurse Collect
<input type="checkbox"/>	Troponin-I	T;N, STAT, q3h x 3 occurrence, Type:Blood, Nurse Collect
<input type="checkbox"/>	APTT	T;N, Time Study, q6h, Comment: after aPTT goal is reached, obtain daily aPTT
<input type="checkbox"/>	CBC w/o Diff	T;N, Routine, Qday, blood, Nurse collect
<input type="checkbox"/>	CBC	T;N STAT, once, blood, Nurse Collect
<input type="checkbox"/>	CK/MB	T;N STAT, once, blood, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, STAT, transport mode:Portable, Reason for exam: _____
<input type="checkbox"/>	EKG	T;N, STAT, Reason: Alteplase Administration and Continuous throughout administration of Alteplase and for 30 min post administration.

_____ <b>Date</b>	_____ <b>Time</b>	_____ <b>Physician's Signature</b>	_____ <b>MD Number</b>
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