



attach patient label here

Physician Orders ADULT Order Set: ED Non-STEMI Unstable Angina Orders

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Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Other		
<input type="checkbox"/>	Patient Status Initial Outpatient	Attending Physician: _____
Outpatient Status/Service: <input type="checkbox"/> OP-Observation Services		
Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
<input type="checkbox"/>	Notify Physician Once	T;N, of room number on arrival to unit
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, q2h(std), based on patient condition
Activity		
<input type="checkbox"/>	Bedrest w/BRP	T;N
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
Patient Care		
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N,q4day
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N,Stat,q4day,secondary site
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N
<input type="checkbox"/>	O2 Sat Monitoring NSG	T;N
<input type="checkbox"/>	Telemetry (ED Only) (Cardiac Monitoring ED Only)	T;N, Stat
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N
Respiratory Care		
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	T;N Routine, 2 L/min, Special Instructions: Titrate O2 to keep O2 sat greater than or equal to 92%
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect) (ABG- RT Collect)	T;N Stat once
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9%	500 mL, IV Piggyback, once, STAT, 1,000 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL,IV,STAT,T;N,75 mL/hr
<input type="checkbox"/>	Heparin Cardiology Protocol Orders	



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Medications		
	NOTE: Place order for Cath/PCI Hydration Protocol Plan as needed based on assessment.	
	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	
[]	aspirin	324 mg, Chew tab tablet, PO, Qday, Comment: Use 81mg X 4 chew tabs.
[]	aspirin	300 mg, Supp, PR, once, STAT
	clopidogrel	300 mg, Tablet, PO, once
	ticagrelor	180 mg, Tablet, PO, once
	enoxaparin	1 mg/kg, Injection, SQ, once
	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:	
[]	metoprolol	25 mg, Tab, PO, once, STAT, T;N
	NOTE: Give intravenous dose if patient has elevated BP otherwise give PO.	
[]	metoprolol	5 mg, Injection, IV Push, q5min, STAT, (3 dose)
[]	Reason Beta-Blocker Not Prescribed at Discharge	T;N
[]	atorvastatin	40 mg, Tab, PO, once, STAT
[]	atorvastatin	80 mg, Tab, PO, once, STAT
	NOTE: Hold Nitroglycerin if SBP less than 100mmHg.	
[]	nitroglycerin	0.4 mg, Tab, SL, q5min, PRN Chest Pain, STAT
[]	nitroglycerin (nitroglycerin 50 mg/D5W infusion)	50 mg / 250 mL, IV, STAT, Titrate Comment: Start at 10 mcg/min. Increase by 5 mcg/min q3min to achieve CP relief. Keep BP > 90/50 mmHg.
[]	morPHINE	2 mg, Injection, IV Push, q5min, PRN Chest Pain, STAT, (3 dose)
[]	ondansetron	4 mg, Injection, IV Push, once, STAT
[]	ondansetron	4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, STAT
[]	acetaminophen	650 mg, Tab, PO, q4h, PRN Headache, STAT
	NOTE: If magnesium level is less than 2.1mEq/mL, order Magnesium Sulfate below:	
[]	magnesium sulfate	2 g, Injection, IV Piggyback, Routine, T;N, (infuse over 2 hr)
[]	famotidine	20 mg, Injection, IV Push, once, STAT, 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	T;N, 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"/>	Brain Natriuretic Peptide (BNP)	
<input type="checkbox"/>	D-Dimer Quantitative	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Drug Abuse Screen Urine	STAT, T;N, once, Type: Urine, Nurse Collect
	NOTE: If possibility of pregnancy, and not previously done in past 72 hours, order appropriate pregnancy test below:	
<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Pregnancy Screen Urine Point of Care	T;N, Stat, once
Diagnostic Tests		
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Stat, Frequency: once
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Stat
<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	T;N, Reason for Exam: Chest Pain, Stat, Stretcher
<input type="checkbox"/>	CT Thorax W Cont	T;N, Reason for Exam: Pulmonary Embolism, Stat, Stretcher
<input type="checkbox"/>	CT Thorax W Cont	T;N, Reason for Exam: Aneurysm, Stat, Stretcher
<input type="checkbox"/>	CT Thorax & Abdomen W/Cont Orders (CT Chest & Abdomen W/Cont Orders)	
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	T;N, Consult: interventional cardiologist
<input type="checkbox"/>	Physician Consult	T;N, Consult: cardiologist
<input type="checkbox"/>	Physician Consult	T;N, Consult: Primary Care Physician
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: physician, recurrent chest pain; new or sustained arrhythmias; systolic BP less than 90 mmHg 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.

Date

Time

Physician's Signature

MD Number