



Physician Orders ADULT: Acute MI/Acute Coronary Syndrome Adult Plan

Initiate Orders Phase

Admission/Transfer/Discharge

- ☐ Patient Status Initial Inpatient
 T;N Admitting Physician: _____
 Reason for Visit: _____
 Bed Type: _____ Specific Unit: _____
 Care Team: _____ Anticipated LOS: 2 midnights or more

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
 Phase: Acute MI/Acute Coronary Syndrome Adult Phase, When to Initiate: _____

Acute MI/Acute Coronary Syndrome Adlt Phase

Non Categorized

- R Acute MI/Acute Coronary Syndrome Care Track
 R Chest Pain, AMI Quality Measures
☐ Add To Problem List
 Problem: Acute Coronary Syndrome
☐ Add To Problem List

Admission/Transfer/Discharge

- ☐ Notify Physician-Once
 Notify For: of patient room number on arrival to unit

Vital Signs

- ☒ Vital Signs
 Monitor and Record T,P,R,BP, q4h(std), For 24 hr, then per routine

Activity

- ☐ Bedrest
☐ Bedrest
 Options: w/BRP
☐ Out Of Bed
 Up Ad Lib
☐ Out Of Bed
 Up To Chair, wm
☐ Ambulate
 Up To Ambulate in Hall, QDay

Food/Nutrition

- ☐ NPO
☐ Clear Liquid Diet
 Start at: T;N
☐ AHA Diet
 Caloric Level: 1800 Calorie, Sodium Restriction: Low Sodium
☐ Consistent Carbohydrate Diet
 Caloric Level: 1800 Calorie, Sodium Restriction: Low Sodium, Low Cholesterol
☐ Sodium Control Diet

Patient Care

- ☐ Code Status
☒ Telemetry 48 hours
 Medical Necessity: _____
☒ INT Insert/Site Care
 Routine, q4day, Flush with NS q8h
☐ Daily Weights
 Routine, qam
☐ Intake and Output
 Routine, q-shift





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- ☒ Smoking Cessation Advice/Counseling
- ☐ Instruct/Educate
Instruct: Patient and family, Method: Provide Pamphlet, Topic: PCI (PTCA Stent)
- ☐ Instruct/Educate
Instruct: Patient and family, Method: Provide Pamphlet, Topic: Hyperlipidemia
- ☐ Instruct/Educate
Instruct: Patient and family, Method: Provide Pamphlet, Topic: Chest Pain/Angina
- ☐ Instruct/Educate
Instruct: Patient and family, Method: Provide Pamphlet, Topic: CHF
- ☐ Instruct/Educate
Instruct: Patient and family, Method: Provide Pamphlet, Topic: Heart Attack

Nursing Communication

- ☐ Nursing Communication
Order Troponin Stat, once and CK stat, once for any recurrent chest pain
- ☒ Nursing Communication
Repeat EKG for any recurrent chest pain
- ☒ Nursing Communication
Consult company representative to evaluate need for wearable cardiac defibrillator for new onset heart failure with Left Ventricular Ejection Fraction less than 35%

Respiratory Care

- ☒ O2-Nasal Cannula
2 L/min, Special Instructions: titrate to keep O2 sat \geq 92%
- ☐ ABG- RT Collect
T;N Routine once

Medications

- ☐ **+1 Hours** docusate sodium
100 mg, Cap, PO, bid, Routine
- ☐ **+1 Hours** ondansetron
4 mg, Injection, IV Push, q6h, PRN Nausea, Routine
- ☐ **+1 Hours** pantoprazole
40 mg, DR Tablet, PO, QDay, Routine
Comments: DO NOT CHEW,CUT, OR CRUSH
- ☐ **+1 Hours** lisinopril
2.5 mg, Tab, PO, QDay, Routine
*Place order for Cath/PCI Hydration Protocol Plan as needed based on assessment.(NOTE)**

Anticoagulants/Antiplatelets

- ☐ **+1 Hours** aspirin
324 mg, Chew tab, PO, once, STAT
- ☐ **+1 Hours** aspirin
300 mg, Supp, PR, once, STAT
- ☐ **+1 Days** aspirin
81 mg, DR Tablet, PO, QDay, Routine
- ☐ **+1 Days** aspirin
300 mg, Supp, PR, QDay, Routine
Comments: If unable to take PO.
- ☐ Reason Aspirin Not Given on Arrival
- ☐ **+1 Hours** acetaminophen
650 mg, Tab, PO, q6h, PRN Pain, Mild or Headache, Routine
Comments: or mild pain
- ☐ **+1 Hours** ticagrelor
180 mg, Tab, PO, once, STAT
- ☐ **+12 Hours** ticagrelor





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90 mg, Tab, PO, bid, Routine

Comments: begin 12 hours after initial loading dose

☐ **+1 Hours** clopidogrel
600 mg, Tab, PO, once, STAT

☐ **+1 Hours** clopidogrel
300 mg, Tab, PO, once, STAT

☐ **+1 Days** clopidogrel
75 mg, Tab, PO, QDay, Routine

In addition to this Plan, please use the "Heparin Cardiology Protocol Orders " if needed for this patient.(NOTE)*

☐ **+1 Hours** enoxaparin
1 mg/kg, Injection, Subcutaneous, q12h
Comments: (reduce dose to 1 mg/kg QDay if CrCl < 30 ml/min)

Statins

☐ **+1 Hours** atorvastatin
80 mg, Tab, PO, hs, Routine [Less Than 75 year]

☐ **+1 Hours** atorvastatin
80 mg, Tab, NG, hs, Routine [Less Than 75 year]

☐ **+1 Hours** atorvastatin
40 mg, Tab, PO, hs, Routine [Greater Than or Equal To 75 year]

☐ **+1 Hours** atorvastatin
40 mg, Tab, NG, hs, Routine [Greater Than or Equal To 75 year]

☐ **+1 Hours** rosuvastatin
40 mg, Tab, PO, hs, Routine

Nitrates

☐ nitroGLYcerin sublingual
0.4 mg, Tab, SL, q5min, PRN Chest Pain, STAT
Comments: PRN q5 min x 3 doses until relieved & Notify MD

☐ nitroGLYcerin 50 mg/D5W infusion
50 mg / 250 mL, IV, STAT, Titrate
Comments: Initial Rate: 5 mcg/min; Titration Parameters: 5 mcg/min every 3 min to desired effect per MD orders; Max Rate: 200 mcg/min; Conc: 200 mcg/mL

Beta Blockers

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(NOTE)*

Give intravenous dose if patient unable to take PO and has no risk factors for cardiogenic shock. (SBP <120, HR >110, Age >75, or late presentation)(NOTE)*

☐ **+1 Hours** metoprolol tartrate
25 mg, Tab, PO, bid, Routine

☐ metoprolol tartrate
5 mg, Injection, IV Push, q5min, STAT, (for 3 occurrence)
Comments: push over 1 min, only use if BP elevated.

☐ Reason Beta-Blocker Not Prescribed at Discharge

Laboratory

Order labs below if not previously done in ED Chest Pain Center.(NOTE)*

☐ Troponin-I
Time Study, T;N, q3h x 3 occurrence, Type: Blood

☐ CK
Time Study, T;N, q3h x 3 occurrence, Type: Blood

☐ PTT
Routine, T;N, once, Type: Blood

☐ CMP
Routine, T;N, once, Type: Blood





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- ☐ Magnesium Level
Routine, T;N, once, Type: Blood
- ☒ Urinalysis w/Reflex Microscopic Exam
Routine, T;N, once, Type: Urine, Nurse Collect
- ☐ Pregnancy Screen Urine
Routine, T;N, once, Type: Urine, Nurse Collect
- ☐ Cocaine Screen Urine
Routine, T;N, once, Type: Urine, Nurse Collect
- ☐ Lipid Profile
Routine, T+1;0400, once, Type: Blood

Diagnostic Tests

- ☐ EKG
Start at: T;N, Priority: Stat, Reason: Chest Pain/Angina/MI
- ☐ EKG
Start at: T+1;0800, Priority: Routine
- ☒ Chest 1 View
T;N, Reason for Exam: Chest Pain, Routine, Portable
- ☐ Chest 2 Views
T;N, Reason for Exam: Chest Pain, Routine, Stretcher

Consults/Notifications/Referrals

- ☒ Case Management Consult
Reason: Discharge Planning
- ☒ Cardiac Rehab Consult/Doctor Order
- ☒ Outpatient Cardiac Rehab Phase II
- ☐ Medical Social Work Consult
Routine, Reason for Consult: _____
- ☒ Notify Physician-Continuing
Notify For: if chest pain unrelieved by nitroglycerin.

Date

Time

Physician's Signature

MD Number

*Report Legend:

DEF - This order sentence is the default for the selected order
 GOAL - This component is a goal
 IND - This component is an indicator
 INT - This component is an intervention
 IVS - This component is an IV Set
 NOTE - This component is a note
 Rx - This component is a prescription
 SUB - This component is a sub phase, see separate sheet
 R-Required order

