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/PowersPlans
- Initiate Powerplan Phase
  - Phase: Acute MI/Acute Coronary Syndrome Adult Phase, When to Initiate: ____________________________

Acute MI/Acute Coronary Syndrome Adult 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
- Monitor and Record T,P,R,BP, q4h(std), For 24 hr, then per routine

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

☐ 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 =/> 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
Physician Orders ADULT: Acute MI/Acute Coronary Syndrome Adult Plan

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
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**
- **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