Physician Orders ADULT
Order Set: CARD STEMI/LBBB Orders

[R] = will be ordered
T= Today; N = Now (date and time ordered)
Height: _____ cm   Weight: _____ kg

Allergies:		[ ] No known allergies
[ ]Medication allergy(s):_____		
[ ] Latex allergy [ ]Other:_____		
[R]	**Chest Pain ST Elevation MI Care Track**	
[R]	**Chest Pain, AMI Quality Measures**	
Admission/Transfer/Discharge		
[ ]	Admit Patient to Dr. _____	
	Admit Status: [ ] Inpatient	
	NOTE to MD: Inpatient - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care	
	Bed Type: [ ] Med/Surg [ ] Critical Care [ ] Stepdown [ ] Telemetry; Specific Unit Location: _____	
[ ]	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
[ ]	Vital Signs	T;N,Monitor and Record Pulse Monitor and Record Resp Rate Monitor and Record Blood Pressure,q5min,until stable, may progress to Q30 min include temp in initial vs assessment
Food/Nutrition		
[ ]	NPO _____	Start at: T;N
Patient Care		
[ ]	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N,Routine,q4day
[ ]	O2 Sat Spot Check-NSG	T;N
[ ]	Telemetry (Cardiac Monitoring)	T;N, Stat
[ ]	Telemetry (ED Only)(Cardiac Monitoring (ED	
Respiratory Care		
[ ]	Nasal Cannula (O2-BNC)	T;N, 2L/min L/min, Special Instructions: Titrate O2 to keep O2 sat greater than or equal to 92%
[ ]	ISTAT Blood Gases (RT Collect) (ABG- RT Collect)	T;N Stat once
[ ]	Oxygen Saturation-Spot Check (RT) (O2 Sat-Spot Check (RT))	T;N prn PRN
Continuous Infusions		
[ ]	Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)	500 mL, IV Piggyback, once, STAT, (1 dose), 1,000 mL/hr
[ ]	Sodium Chloride 0.9%	1,000 mL,IV,STAT,T;N,75 mL/hr

Physician Orders ADULT
Order Set: CARD STEMI/LBBB Orders

[R] = will be ordered
T= Today; N = Now (date and time ordered)

	Medications	
	NOTE: To Adhere to Regulatory guidelines, If Aspirin has not been administered within 24 hours prior to admission select aspirin below. If Aspirin contraindicated, document Reason Aspirin Not Given on Arrival below:	
[ ]	aspirin	324mg Chew tab ,PO,once, STAT, Comment: Comment: Use 81mg X 4 chew tabs.
[ ]	aspirin	300 mg,Supp,PR,once,STAT,T;N
[ ]	Reason Aspirin Not Given on Arrival	T;N
	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	
[ ]	metoprolol	25 mg,Tab,PO,once,Routine,T;N
	NOTE: Give intravenous dose if patient has elevated BP otherwise give PO.	
[ ]	metoprolol	5 mg,Injection,IV Push,q5min,Routine,T;N,(3 dose)
[ ]	Reason Beta-Blocker Not Prescribed at Discharge	T;N
	NOTE: Do not order nitroglycerin if SBP less than 100 mmHg	
[ ]	nitroglycerin	0.4 mg, Tab, SL, q5min, PRN Chest Pain, STAT
[ ]	nitroglycerin (nitroglycerin 50 mg/D5W infusion)	50 mg / 250 mL,IV,Routine,T;N,Titrate
[ ]	morPHINE	2 mg,Injection,IV Push,q5min,PRN Chest Pain,STAT,T;N,(3 dose)
[ ]	ondansetron	4mg, Injection, IV Push, once, STAT
[ ]	ticagrelor	180mg, Tab, PO, once, STAT,
[ ]	acetaminophen	650 mg,Tab,PO,q4h,PRN Headache,STAT,T;N
	NOTE: If Mg++ is less than 2.1mEq/mL, order magnesium sulfate below:	
[ ]	magnesium sulfate	2 g,IVPiggyback,IV Piggyback,once,STAT,T;N,(infuse over 2 hr)
[ ]	famotidine	20 mg,Injection,IV Push,once,STAT,T;N
	NOTE: Place order for Cath/PCI Hydration Protocol Plan as needed based on assessment.	
[ ]	heparin	4,000 units, Injection, IV Push, once, STAT
	Note: If Patient weighs less than 58 kg, order Heparin below:	
[ ]	heparin	2,500 units, Injection, IV Push, once, STAT

Physician Orders ADULT
Order Set: CARD STEMI/LBBB Orders

[R] = will be ordered
T= Today; N = Now (date and time ordered)

Laboratory		
[ ]	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
[ ]	Comprehensive Metabolic Panel (CMP)	T;N, STAT, once, Type: Blood, Nurse Collect
[ ]	Troponin-I	T;N, STAT, once, Type: Blood, Nurse Collect
[ ]	CK Isoenzymes	T;N, STAT, once, Type: Blood, Nurse Collect
[ ]	Chem 8 Profile POC	T;N, Stat
[ ]	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
[ ]	Brain Natriuretic Peptide (BNP)	T;N, STAT, Type: Blood, Nurse Collect
[ ]	Myoglobin	T;N, STAT, once, Type: Blood, Nurse Collect
[ ]	D-Dimer Quantitative	T;N, STAT, once, Type: Urine, Nurse Collect
[ ]	Cocaine Screen Urine	
	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	T;N, STAT, once, Type: Urine, Nurse Collect
[ ]	Pregnancy Screen Urine Point of Care	T;N, Stat, once
Diagnostic Tests		
[ ]	Electrocardiogram (EKG)	Start at: T;N, Priority: Stat, Reason: Chest Pain/Angina/MI, Transport:
[ ]	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
[ ]	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 W Cont	T;N, Reason for Exam: Pulmonary Embolism, Stat, Stretcher
[ ]	CT Thorax W Cont	T;N, Reason for Exam: Aneurysm, Stat, Stretcher
[ ]	**CT Thorax & Abdomen W/Cont Orders**	
Consults/Notifications		
[ ]	Notify Physician-Continuing	T;N, Notify: physician, Recurrent chest pain; new or sustained
[ ]	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**