1. ADMIT TO UNIT: ____________________ with Telemetry  □ Observation
   DIAGNOSIS:  □ Chest Pain  □ Unstable Angina  □ Non-ST-Elevation AMI  □ ST-Elevation AMI

2. ATTENDING: ____________________ PRIMARY CARE PHYSICIAN ____________________
   CONSULT: Cardiologist ____________________  Reason ____________________
   □ Other ____________________  Reason ____________________

3. Laboratory studies: Check to be sure all ED initial orders are complete and results are posted on the chart.
   - If any of these orders are not complete, do them now: Troponin, CBC with differential, BUN/CR, LYTEs, GLUCOSE
   - Repeat Troponin STAT at 6 hours from initial Troponin. (Total of 2 Troponins)
   - Lipid Profile if patient admitted to hospital (run Lipid Profile on ED specimen)
   - CKMB at same time as repeat Troponin
   - PT/PTT per local heparin protocol (if heparin initiated)
   - PT if patient on warfarin (Coumadin®)
   - Type and Screen
   - Labs in A.M.: ____________________

4. Ancillary orders:
   - Pulse ox on admission then every shift and as needed for respiratory distress. If less than 92%, notify doctor.
   - O₂ 2-4L/minute per NC, titrate to maintain O₂ sats greater than 92%. Re-evaluate need in 24 hours per RT protocol.
   - If patient develops chest pain/angina symptoms: STAT EKG to be reviewed by Cardiology fellow, physician assistant, nurse practitioner or house physician. Report EKG findings and symptoms to Cardiologist.
   - Cardiac Rehabilitation referral (for diagnosis AMI). If not available onsite, Case Manager to screen and refer.
   - EKG on arrival to unit and in A.M.  □ Right sided EKG
   - Portable Chest XRay if not done in ED.  Reason: AMI, ____________________

FOR CHEST PAIN: STRESS TEST after 2 negative serial enzymes (including initial ED draw). If cardiology clearance obtained, may initiate after 1 negative enzyme.
   □ Exercise (treadmill) Stress Test [Recommended if EKG normal]
   □ Exercise Stress Test with Nuclear (Thallium) Scan
   □ Pharmacological (Adenosine or Persantine) Stress with Nuclear Scan [for patients who cannot exercise]
   □ Dobutamine Stress echocardiogram
   □ Exercise stress echocardiogram

5. Diet (select all applicable)
   - No caffeine
   - Cardiac: Low fat, Low Cholesterol, no added salt
   - NPO, continue meds with small sips of water
   - Diabetic
   - Other: ____________________

Phone order taken by and read back by: ____________________  Date/Time: ____________________

Transcriber's Signature: ____________________  Date/Time: ____________________

Prescriber's Printed Name: ____________________  Noting Nurse's Signature: ____________________  Date/Time: ____________________

Prescriber's Signature: ____________________  Beeper Number/ID Number: ____________________  Date/Time: ____________________
6. Activity:
- [ ] Progress as tolerated with assist
- [ ] Bed rest
- [ ] Other: _________________________________

7. Miscellaneous:
- Obtain and record admission weight and height if not done in ED. Notify pharmacy.
- VS per unit protocol.
- I&O every eight hours
- Record daily weights
- Smoking cessation counseling if positive history of smoking (Tips to stop smoking, smoking cessation resources & quitting smoking video)
- For AMI: Nursing to provide Healthy Living planner and educate concerning: meds, diet, risk factor modification.
- For AMI: Cardiology Discharge Instructions to be completed & given to patient at discharge; file copy in medical record
- Nursing pneumococcal and influenza vaccine screen and administration per local protocol. If patient on anticoagulation therapy, administer vaccine with fine needle (20-25 gauge), apply firm pressure to site (without rubbing) for 2 minutes.

Please utilize medication reconciliation form for evaluation of pre-admission medications.

8. MEDICATIONS:
- [ ] Start #1 IV of ______ at ______ ml/hour  
- [ ] Start #2 IV of ______ at ______ ml/hour
- [ ] IV Saline Lock

ANTICOAGULATION
- Heparin IV loading dose and maintenance dose per local protocol
- [ ] Anticoagulation Dosing Service if available
- Or [ ] Enoxaparin ______ mg (1mg/kg) subcutaneous every 12 hours (max dose = 150 mg every 12 hours)

ASPIRIN OR [ ] ASA contraindicated, Reason: _________________________________
- Give first dose NOW if not given previously:
  - [ ] Chewable Aspirin 81 mg, 4 tabs orally NOW, if not given in ED.
  - [ ] Aspirin Enteric coated 325 mg orally daily.
  - [ ] Aspirin 300 mg suppository once daily per rectum if patient unable to take oral meds.

OTHER ANTIPLATELET (add to Aspirin for high risk patients)
- [ ] Clopidogrel (Plavix®) ______ mg (recommended 300-600 mg) orally now (if not given in ED), then
- Clopidogrel (Plavix®) 75 mg orally daily (prescriber note: unless ST elevation).
- [ ] Clopidogrel (Plavix®) 75 mg orally daily (prescriber note: unless ST elevation).

(MEDICATIONS CONTINUED ON NEXT PAGE)
MEDICATIONS (continued)

BETA BLOCKER OR ☐ Beta Blocker contraindicated, Reason: ________________________________
☐ Give first dose NOW if not given previously:
  ☐ Metoprolol (Lopressor®) _____ mg orally every ______ hours, OR
  ☐ Carvedilol _____ mg orally every 12 hours (recommended for patients with LV dysfunction)
  ☐ Metoprolol (Lopressor®) 5 mg IV push over 2 minutes times 3 doses every 5 minutes (optional; recommended if persistent ischemic symptoms, hypertension or tachycardia)
☐ If heart rate less than 50 or Systolic BP less than 90 mm/Hg, hold Beta Blocker AND notify physician

ACE INHIBITOR/ARB OR ☐ ACE/ARB intolerance/contraindicated, Reason: ________________________
☐ Lisinopril (Prinivil®) _____ mg orally once daily
☐ Captopril (Capoten®) _____ mg orally every _____ hours
☐ Enalapril (Vasotec®) _____ mg orally every _____ hours
☐ Losartan (Cozaar®) _____ mg orally daily
☐ If systolic BP less than 100 mm/Hg, hold ACE/ARB inhibitor and notify physician.

CHOLESTEROL LOWERING DRUG (regardless of LDL)
☐ Simvastatin (Zocor®) _____ mg orally at bedtime

NITRATES Do not administer if Sildenafil, Vardenafil taken within past 24 hours or Tadalafil for prior 48 hours
☐ Nitroglycerin drip standard concentration (50 mg/250 ml) in D5W. Start at 5-10 mcg/minute. Titrate for relief of chest pain. Maintain systolic blood pressure greater than 100 mm/Hg.
☐ Nitroglycerin ointment _____ inch topical every _____ hours to anterior chest wall.
☐ Nitroglycerin 0.4 mg sublingual as needed for chest pain. May repeat every 5 minutes times 2. Keep at bedside. Hold if systolic BP less than 90 mm Hg.

OTHER MEDICATIONS
☐ Discontinue all non-steroidal anti-inflammatory drugs (e.g. ibuprofen, naproxen) except aspirin.
☐ Hydromorphone (Dilaudid®) 0.5 mg IV Push every 1 hour as needed for pain (not to exceed 4 mg per 8 hour shift)
☐ Morphine Sulfate 2 mg IV Push every 1 hour as needed for pain (not to exceed 16 mg per 8 hour shift)
☐ Diuretic ________________________________
☐ Docusate sodium (Colace®) 100 mg orally twice daily
☐ Maalox® 30 ml (or equivalent) orally every 4 hours as needed for heartburn
☐ Alprazolam (Xanax®) 0.25 mg orally every 6 hours as needed for anxiety or restlessness. May repeat HS dose for sleep x 1 for total of 0.5 mg/24 hours for sleep
☐ Acetaminophen (Tylenol®) 650 mg orally every 4 hours as needed for discomfort (maximum 4 grams/24 hours.)
☐ Nicotine patch _____ mg (14 or 21 mg) daily applied topically

VTE prophylaxis - Use separate VTE prophylaxis form for Adult Standing Orders.
Glycemic Control - Use separate Adult Insulin Standing Orders

Phone order taken by and read back by: Date/Time:

Transcriber’s Signature: Date/Time:

Prescriber’s Printed Name: Noting Nurse’s Signature: Date/Time:

Prescriber’s Signature: Beeper Number/ID Number Date/Time:

Form transmitted to pharmacy: Date/Time: By:______________