

HOSPITAL REGULATION: The signature of physician must accompany all orders.

NKA: NO KNOWN ALLERGIES
ALLERGIES:

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Status Orders (CHOOSE ONE)

- Admit to Inpatient Initiate to Observation Status
- Service: _____
 - Admitting Physician: _____
 - Level of Care: Acute Care Intermediate Care Critical Care _____
 - Patient Class: Inpatient _____
 - Diagnosis: _____
 - Estimated Length of Stay? Past midnight tomorrow 3-4 days 5-7 days Greater than 1 week
 Greater than 2 weeks Less than 2 midnights (IP only procedure)
 - Medical Necessity: See H&P
 - Plans for post-hospital care: Home with self/family care Rehabilitation facility
 Home with home health services Skilled nursing facility
 - Unit: _____
 - Special Bed Requests: Critical Care Medical Cardiology Surgery OB
 Pediatrics Neurosurgery Neurology Bariatric Telemetry
 - Comments: _____

****REQUIRED** Code Status (SELECT ONE)**

- Full Code DNR (Do Not Resuscitate) Partial Code
- Cardio Resuscitation:** No chest compressions No defibrillation
 No internal/external pacemaker
- Ventilation:** Do Not Intubate (DNI) No mechanical ventilation with intubation
 No bag/mask No BiPAP
- Drug Protocol:** No artificial feeding No artificial hydration
 No vasopressors No hemodialysis

Activity

- Activity as tolerated Bed rest with bathroom privileges, for 24 hours Bed rest
 Ambulate patient, every shift, on day #2 Patient may shower Patient may shower with assist

Nursing: Vital Signs

- Vital Signs; Every 2 hours for 24 hours, then every 4 hours VS Other _____

Nursing: Notify Physician

- Notify Physician (Specified parameters)
- If chest pain is unrelieved w/ 3 SL Nitroglycerin
 - Of EKG changes
 - Of Symptomatic dysrhythmia
 - Temperature greater than 38.5C
 - Systolic blood pressure greater than 170 mmHG or less than 90 mmHg
 - Diastolic blood pressure greater than 100 mmHg or less than 50 mmHg
 - Heart rate greater than 110 bpm or less than 50 bpm
 - Respiratory rate greater than 24 or less than 12

Notify Physician For: _____

Protocols

- Initiate Critical Care Electrolyte Protocol Initiate Adult Electrolyte Replacement Protocol

Nursing Assessments

- Daily weights, Routine, Daily Intake and Output, Routine, Per unit protocol

Nursing Interventions

- Insert peripheral IV in 2 sites if going for cath or on critical infusion – avoid wrist area, Once
 Nursing to provide counseling regard smoking cessation, Once

Date:	Time:	Doctor's Signature:	Dictation ID #
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Northeast Georgia Medical Center



NGMC PHYSICIAN ORDER # 304030013 (9/25/2017)

**GENERAL ACUTE CORONARY SYNDROME (ACS)
AND CHEST PAIN
PAGE 1 OF 5**

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Insert Foley Catheter, Once

Respiratory Interventions

Oxygen Therapy – Nasal Cannula; Keep O2 Sat above 90 %

Continuous SAT Monitor CMU

Nurse to obtain ABG PRN for respiratory distress

CPAP, As needed

BiPAP, As needed

Blood gas, arterial, Once

IV Fluid Infusions

NS, intravenous, continuous; _____ mL/hr

Medications: Analgesics – Mild Pain

Acetaminophen (TYLENOL) tablet; 650 mg, oral, Every 4 hours PRN, mild pain (pain scale (1-3), headaches, fever
May affect liver function if max daily dose exceeded

Medications: Analgesics – Moderate Pain

HYDROcodone-acetaminophen (NORCO 5) 5-325 mg per tablet; 1-2 tablet, oral, Every 6 hours PRN, moderate pain
(pain scale 4-6), Monitor respiratory rate

Medications: Analgesics – Severe Pain (CHOOSE ONE)

morphine injection; 2-4 mg, intravenous, Every 5 min PRN, severe pain (pain scale 7-10), Maximum dose of 10 mg in 1
hour for severe chest pain. Monitor respiratory rate

if allergic to Morphine, FENTanyl (SUBLIMAZE) injection; 25-50 mcg, intravenous, Every 5 min PRN, severe pain (pain
scale 7-10), maximum dose of 100 mcg in 1 hr for severe chest pain

Medications: ACEI

lisinopril (PRINIVIL,ZESTRIL) tablet; 2.5 mg, oral, Daily, Ace Inhibitor

captopril (CAPOTEN) tablet; oral; Dose ____ mg; Frequency _____; ACE Inhibitor, Administer on an empty stomach

Medications: ARB

candesartan (ATACAND) tablet; oral, Daily; Dose ____ mg

losartan (COZAAR) tablet; oral; Dose ____ mg; Frequency _____

Medications: Aldosterone Antagonists

eplerenone (INSPRA) tablet; 25 mg, oral, Daily, Hold for potassium greater than 5 or Serum Creatinine greater than
1.8 mg/dL in females and 2 mg/dL in males. Monitor for elevated potassium levels

spironolactone (ALDACTONE) tablet; oral, Daily, Do not administer if potassium is 5 or greater or Serum Creatinine is
2 mg/dL or greater in females or 2.5 mg/dL or greater in males; **Dose ____ mg**

Medications: Beta Blockers

metoprolol (LOPRESSOR) injection; 5 mg, intravenous, Every 5 min, for 3 doses, Hold subsequent doses if SBP less
than 90, HR less than 60

metoprolol tartrate (LOPRESSOR) tablet; oral, Every 12 hours scheduled; **Dose ____ mg**
Hold for SBP less than 90 or HR less than 55

metoprolol succinate XL (TOPROL-XL) 24 hr tablet; oral, Daily; **Dose ____ mg**
Hold for SBP less than 90 or HR less than 55 and notify MD, Do not crush

carvedilol (COREG) tablet; oral, 2 times daily with meals; **Dose ____ mg**
Hold for SBP less than 90 or HR less than 55; Administer with food; Do NOT take with grapefruit juice

Medications: Antilipidemics

atorvastatin (LIPITOR) tablet; oral, **Dose _____ mg; Frequency _____** Routine STAT Monitor LFTs

rosuvastatin (CRESTOR) tablet; oral, **Dose _____ mg; Frequency _____** Routine STAT
Doses greater than 20 mg should be limited to patients whose LDL is not controlled by 20 mg doses, greater than 20
mg/day is associated with higher adverse effects (Rhabdomyolysis)

Medications: Anticoagulants

Weight Based Heparin – ACS **SEE WEIGHT BASED HEPARIN – ACS DOWNTIME ORDER SET**

Medications: Platelet Inhibitors

Aspirin chewable tablet; 81 mg, oral, Daily. Administer with food, Chew for chest pain or acute MI

Date:

Time:

Doctor's Signature:

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PAGE 2 OF 5**



304030013

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Instructions: Any order with a check mark will be ordered. If there is a checked order that you DO NOT want, please strike through the order. All orders with a blank check box WILL NOT be ordered unless marked with a check.

- If not given in ED, aspirin chewable tablet; 324 mg, oral, STAT, Once. Give STAT if not given in ED
- Aspirin tablet 325 mg; 325 mg, oral, Daily. Administer with food
- Loading + Maintenance: Clopidogrel (Plavix) 600 mg once then 75 mg daily
 - Loading Dose: clopidogrel (PLAVIX) tablet; 600 mg, oral, Once. Monitor for signs of bleeding
 - Clopidogrel (PLAVIX) tablet; 75 mg, oral, Daily, Starting tomorrow. Monitor for signs of bleeding
- Clopidogrel (PLAVIX) tablet; 75 mg, oral, Daily. Monitor for signs of bleeding
- Loading + Maintenance: Prasugrel (Effient) 60 mg once then 10 mg daily
 - Prasugrel (EFFIENT) tablet; 60 mg, oral, Once
 - Prasugrel (EFFIENT) tablet; 10 mg, oral, Daily, Starting tomorrow
- If weight less than 60 kg, Loading + Maintenance: Prasugrel (Effient) 60 mg once then 5 mg daily
 - Prasugrel (EFFIENT) tablet; 60 mg, oral, Once
 - Prasugrel (EFFIENT) tablet; 5 mg, oral, Daily, Starting tomorrow
- Maintenance Dose: Prasugrel (Effient) – Choose based on weight of patient (CHOOSE ONE)
 - Prasugrel (EFFIENT) tablet; 10 mg, oral, Daily
 - If less than 60 kg, Prasugrel (EFFIENT) tablet; 5 mg, oral, Daily
- Loading + Maintenance: Ticagrelor (Brilinta) 180 mg once then 90 mg BID
 - Ticagrelor (BRILINTA) tablet; 180 mg, oral, Once
 - Ticagrelor (BRILINTA) tablet; 90 mg, oral, 2 times daily, Starting tomorrow
- Maintenance Dose: ticagrelor (BRILINTA) tablet; 90 mg, oral, 2 times daily
- If CrCl greater than 60 mL/min, tirofiban (AGGRASTAT) Bolus + Infusion
Maximum weight is 153 kg used for dose calculations
 - Tirofiban (AGGRASTAT) bolus from bag; 25 mcg/kg, intravenous, Administer over 5 minutes, Once
 - Tirofiban (AGGRASTAT) infusion 5 mg/100 mL; 0.15 mcg/kg/min, intravenous, Continuous
- If CrCl less than or equal to 60 mL/min, tirofiban (AGGRASTAT) Bolus + Infusion
Maximum weight is 153 kg used for dose calculations
 - Tirofiban (AGGRASTAT) bolus from bag; 25 mcg/kg, intravenous, Administer over 5 minutes, Once
 - Tirofiban (AGGRASTAT) infusion 5 mg/100 mL; 0.075 mcg/kg/min, intravenous, Continuous

Medications: Nitrates

- Nitroglycerin (NITROSTAT) SL tablet; 0.4 mg, sublingual, Every 5 min PRN, chest pain, Every 5 minutes X 3 doses as needed for chest pain. Maintain SBP greater than 100, Check blood pressure
- Isosorbide mononitrate (IMDUR) 24 hr tablet; oral, Daily; **Dose ___ mg**
- Nitroglycerin (NITROBID) 2% ointment; 0.5 inch, Topical, Every 6 hours scheduled, Hold for SBP less than 90
Check for hypotension. Check blood pressure. Each unit dose packet contains 1 inch of nitroglycerin ointment
- Nitroglycerin (TRIDIL) infusion 100 mcg/mL; 2.5-40 mcg/min, intravenous, Titrated. Starting dose at 2.5 mcg/min; titrate dose up to 40 mcg/min every 5 minutes until pain free. Keep SBP greater than 90. Call MD if patient requires higher doses and/or chest pain continues. Taper and discontinue prior to going to Cardiology Lab for test.

Medications: Anxiety/Agitation

- LORazepam (ATIVAN) tablet; 0.5-1 mg, oral, 2 times daily PRN, anxiety, agitation. Hold dose for excessive sedation

Medications: Sleep Aids

- Temazepam (Restoril) – Choose dose based on age (CHOOSE ONE)
 - If less than 65 years, temazepam (RESTORIL) capsule; 15 mg, oral, Nightly PRN, sleep
May repeat once if needed
 - If 65 years or older, temazepam (RESTORIL) capsule; 7.5 mg, oral, Nightly PRN, sleep
May repeat once if needed. Hold dose for excessive sedation

Medications: Bowel Management

- Docusate sodium (COLACE) capsule; 100 mg, oral, 2 times daily
- Magnesium hydroxide (Milk of Magnesia) suspension; 15 mL, oral, Every 6 hours PRN, constipation. Shake well

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Medications: Antiemetics

- Ondansetron (ZOFTRAN) injection; 4 mg, intravenous, Every 12 hours PRN, nausea, vomiting

Medications: Antacids

- Alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5 mL suspension; 30 mL, oral, Every 6 hours PRN, indigestion. Shake well
- Famotidine (PEPCID) tablet; 20 mg, oral, 2 times daily. PPI/H2 Antagonist Indication: GI Prophylaxis
- Pantoprazole (PROTONIX) EC tablet; 40 mg, oral, Every morning before breakfast, Starting tomorrow. Do not crush. PPI/H2 Antagonist Indication: GI Prophylaxis
- Pantoprazole (PROTONIX) injection; 40 mg, intravenous, Every 24 hours scheduled. GI Prophylaxis
Dilute vial with 10 mL NS for IV administration. Use dedicated line or flush with NS before and after administration

Medications: Vasopressors/Inotropes

- DOPamine in 5% dextrose (INTROPIN) 800mg/500mL (1600mcg/mL) infusion; 1-20 mcg/kg/min, intravenous, Titrated. Starting rate at 5 mcg/min. Titrate to keep MAP greater than 65. Titrate by 2 mcg/kg/min every 5 minutes. Premix. Telemetry Monitoring Required. Critical Care and Cardiology Units Only. S2E/S3E limited to Max Rate of 5 mcg/kg/min
- Milrinone (PRIMACOR) infusion 200mcg/mL; intravenous, Titrated, **Dose ____ mcg/kg/min**. Premix. Telemetry required.
- Vasopressin (PITRESSIN, VASOSTRICT) 50 units in sodium chloride 0.9% 500 mL (0.1 Units/mL) infusion 0.04 Units/min (24 mL/hr), intravenous, Continuous. Critical Care Units Only. Store at Room Temperature.
- Norepinephrine (LEVOPHED) 4000 mcg in dextrose 5% 250 mL (16 mcg/mL) infusion; 1-30 mcg/min, intravenous, Titrated, Starting dose at 5 mcg/min; titrate to MAP greater than 65. Critical Care Units Only. Keep Refrigerated. Protect from Light. RN Only Medication.

Medications: Antiarrhythmics

- Amiodarone (CORDARONE, NEXTERONE) bolus from bag; 150 mg, intravenous, at 501 mL/hr, Administer over 10 minutes, Once. Administer using an in-line 0.22 micron filter
- Amiodarone (CORDARONE) 360 mg/200 mL Infusion; 0.5-1 mg/min, intravenous, Titrated, 1 mg/min X 6 hours then 0.5 mg/min as maintenance dose. Administer using an in-line 0.22 micron filter. For amiodarone loading using standard concentration bag: Load 150 mg (83 mL), then 1 mg/min (200 mL), then 0.5 mg/min (300 mL)

Routine Labs

- Comprehensive Metabolic Panel, Once, Upon admission
- CBC w/ Auto Differential, Once, Upon admission
- Magnesium, Once, Upon admission
- D-Dimer, Qualitative, Once, Upon admission
- Lipid Panel, Once, Upon admission

Timed Labs

- Cardiac Panel, Every 6 hours, For 3 occurrences; First one STAT if not done in ER
- Cardiac Panel, Every 8 hours, For 3 occurrences; First one STAT if not done in ER

In AM Labs

- B-type natriuretic peptide, Morning draw
- CBC w/ Auto Differential, Morning draw
- APTT, Morning draw
- Thyroid Profile with TSH, Morning draw
- Basic Metabolic Panel, Morning draw
- Lipid Panel, Morning draw
- Prottime-INR, Morning draw

Imaging: X-Ray

- X-Ray chest portable, Once Upon Admission In AM Reason for exam: _____
- XR Chest PA and LATERAL, Once, Upon admission Portable Reason for exam: _____

Imaging: EKG

- EKG 12 lead – STAT upon admission, Reason for exam: Chest Pain

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- EKG 12 lead, Every morning, Starting tomorrow for 1 occurrence, Reason for exam: Chest Pain
- EKG 12 lead, STAT, Daily, Reason for exam: Chest Pain
As needed for chest pain, rhythm disturbances, or other changes in hemodynamic status(see notify physicians orders)

Imaging: Echo

- Transthoracic echo (TTE) complete, Once, Reading Cardiology Group: THC
 - Where should test be performed? Bedside Department
 - Is this protocol for a TAVR, Mltra-clip, congenital heart disease, or cardio oncology? Yes No
- TRANSthoracic Echo (TTE) Limited W/ Bubble and Contrast, Once, Reading Cardiologist Group: THC
- Transthoracic Echo (TTE) Limited, Once, Reading Cardiologist Group: THC
 - Where should test be performed? Bedside Department
 - Is this protocol for a TAVR, Mltra-clip, congenital heart disease, or cardio oncology? Yes No
- Exercise Stress Echo, Once, Reading Cardiologist Group: THC
 - Can the patient walk on a treadmill? Yes No-recommend ordering Lexiscan or Dobutamine instead
- Dobutamine Stress Echo, Once, Reading Cardiologist Group: THC
 - Can the patient walk on a treadmill? Yes No-recommend ordering Lexiscan or Dobutamine instead

Imaging: Nuclear Tests (Consider nuclear test if patient has had a prior MI, CABG or morbid obesity)

- Nuclear Treadmill, Once, Reading Cardiologist Group: THC
 - Can the patient walk on a treadmill? Yes No-recommend ordering Lexiscan or Dobutamine instead
 - For Providers only: does the patient have a history of left bundle branch block?
 - No Yes-recommend ordering a Lexiscan instead
 - Has the patient had a nuclear medicine exam within last 48 hours? No Yes-call Nuclear Cardiology
 - Does the patient have claustrophobia and need to do a test run before the exam? Yes No
- Nuclear Lexiscan, Once, Reading Cardiologist Group: THC
 - Has the patient had a nuclear medicine exam within last 48 hours? No Yes-call Nuclear Cardiology
 - Does the patient have claustrophobia and need to do a test run before the exam? Yes No
 - Is this a one or two day stress exam? ____
- Nuclear Dobutamine, Once, Reading Cardiologist Group: THC
 - For Providers only: does the patient have a history of left bundle branch block?
 - No Yes-recommend ordering a Lexiscan instead
 - Has the patient had a nuclear medicine exam within last 48 hours? No Yes-call Nuclear Cardiology
 - Does the patient have claustrophobia and need to do a test run before the exam? Yes No
- Nuclear Cardiac Pet Viability, Once, Reading Cardiologist Group: THC
 - Does the patient weigh over 350 lbs.? No Yes-test cannot be performed at NGHS
 - Has the patient had a nuclear medicine exam within last 48 hours? No Yes-call Nuclear Cardiology
 - Does the patient have claustrophobia and need to do a test run before the exam? Yes No
- Stress Echo for Bundle Branch Block, Once, Reading Cardiologist Group: THC
 - Can the patient walk on a treadmill? Yes No-recommend ordering Lexiscan or Dobutamine instead

Physician Consults

- To Consult MD(s) _____
Reason for consult _____

Ancillary Consults

- Inpatient Consult to Case Management for acute-care services; Services Requested: Assistance with medications
Process Instructions- Providers: please do not use this order to request inpatient services, but rather use the specific order for the inpatient service needed, i.e. "PT Eval and Treat". If you need an immediate response, please place a phone call to Case Management.
- Other _____
Reason for consult: _____

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