

Name: _____

Room #: _____

STAT

CHEST PAIN

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1. **Diagnosis:** Chest Pain, Unstable Angina, Possible Myocardial Infarction under Dr. _____
 Admit Observation Status 5th Telemetry ICU/ICA
2. **Consult:** Yes No Cardiologist MD: _____ Notify: Yes No
3. **Activity:** Complete bed rest Bathroom privileges
4. **Respiratory:**
 Pulse Oximetry
 Oxygen 3 l/m NC continuous PRN
5. **Diet:** 4 gm. NA, low fat, low chol. Clear liquids NPO until further orders
6. **IVs:** IV Heplock 0.9% Sodium Chloride at KVO of 20 mL/hour.
7. **Labs:** (*Do not duplicate if labs done in ER.*) **Call physician if abnormal.**
CPK and Troponin now and q 8 hours X 2
First draw (in ED) - time: _____
Second draw - time: _____
Third draw - time: _____
CBC with differential
PT/PTT
BMP
 Run clot for Lipid Profile
8. **EKG:** STAT EKG on admission if not previously done. Repeat EKG 4 hours after initial tracing. Notify MD if tracing has changed. STAT EKG PRN for first recurrence of chest pain.
9. **Medications:**
 - Nitroglycerin 0.4 mg. SL PRN 1 every 5 minutes x 3 for chest pain/angina if systolic blood pressure greater than 100. Start Nitroglycerin drip if chest pain not resolved. Titrate drip to systolic blood pressure of 110-120 or chest pain status. **Call physician if done.**
 - Acetaminophen 650 mg PO every 3 hours PRN headache.
 - Temazepam 15/30 mg. At bedtime PRN - may repeat x one.
 - Non-enteric coated Aspirin _____ mg 1 tab in ER and then 1 daily after breakfast.

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Medications (continued):

- Clopidogrel (Plavix) 75 mg PO daily Yes No

- Beta Blocker Therapy:
 Atenolol 25 mg PO BID
 OR
 Metoprolol XL (Toprol XL) 25 mg daily

- Docusate sodium 100 mg BID PRN.

- Meds at home to continue - (Call with list)

- IIb/IIIa Inhibitor:
 Integrillin _____ at _____ mL/hr

- Anticoagulation:
 Weight Based Heparin Protocol bolus with _____ PTT at _____
 OR
 Enoxaparin (Lovenox) _____ mg subcutaneous q 12 hours (usually 1 mg/kg)

10. Schedule Stress Test: Yes No

 Regular with Nuclear Scan with Echo

Date: _____ Time: _____ MD performing: _____

Physician Signature: _____
Date: _____
Time: _____