COFFEE REGIONAL MEDICAL CENTER

Last Admit Date:

CHEST PAIN / UNSTABLE ANGINA / MYOCARDIAL INFARCTION

● **CORE MEASURE REQUIREMENT**

DIAGNOSIS	❑ **CHEST PAIN** ❑ **UNSTABLE ANGINA** ❑ **MYOCARDIAL INFARCTION**
ADMIT TO	Dr. (with Dr. covering) ❒ Hospitalist
STATUS	❒ Referred for Observation ❒ Inpatient ❒ OPS | Expected LOS > two midnights ❒ YES ❒ NO ❒ Unknown
MEDICAL NECESSITY DATA (S&S, LAB/XRAY REPORTS etc)	
SERVICE	❒ Medical ❒ Surgical ❒ ICU/IMCU ❒ WH ❒ OB/GYN ❒ Pediatrics ❒ Ortho
CONDITION	❒ Stable ❒ Guarded ❒ Poor ❒ Critical ❒ Continue DNR
CONSULT	❑ Dr. ❒ Done ❒ Page on Arrival ❒ Page in AM
CONTACT MD	❒ For any question/problems ❒ In AM w/ room # ❒ On arrival to floor ❒ Further Orders
ACTIVITY	❑ AS TOLERATED ❑ BED REST ❑ BATHROOM ❑ WITH ASSISTANCE
DIET	❑ DIETARY CONSULT ❑ _____CAL ADA ❑ CARDIAC LIQUIDS ❑ LOW CHOLESTEROL ❑ OTHER:_____

NURSING	VITALS: ❑ EVERY 2 HOURS ❑ EVERY 4 HOURS ❑ EVERY 8 HOURS ❑ OTHER:_____ ☒ TELEMETRY ☒ DAILY WEIGHT – INTAKE AND OUTPUT EVERY SHIFT ☒ COMPLETE DVT RISK ASSESSMENT ☒ ● CHEST PAIN DISCHARGE INSTRUCTIONS ☒ ● PROVIDE SMOKING CESSATION COUNSELING – IF SMOKER ❑ NEURO CHECK Every _____ HRS X _____ HRS ❑ FOLEY CATHETER PRN ❑ OTHER:_____
LAB	ON ADMIT IF NOT DONE IN ED: ☒ ● CBC, CMP, PT (IF ON COUMADIN) ON ADMIT & IN AM: ☒ ● CKMB/TROPONIN EVERY 3 HOURS X 2 (INCLUDES INITIAL IN ED), THEN DAILY X 1 **CALL MD IF POSITIVE** AM STUDIES: ☒ ● CBC, BMP, FASTING LIPID PANEL
IMAGING	● OBTAIN PREVIOUS ECHONUCLEAR STRESS TEST REPORT & PLACE ON CHART IF DONE – RECORD EF:_____ ❑ AM STUDIES: CXR
CARDIO-PULMONARY	❑ ● O2: _____ L/M ❑ NASAL CANNULA ❑ PRN ❑ VENTIMASK _____% ❑ NON-REBREATHER ❑ EKG EVERY 3 HOURS X 2 AND PRN CHEST PAIN, THEN DAILY X 1 **CALL MD IF POSITIVE** ❑ EKG IN AM
MEDICATION ORDERS (If Checked) MD Please Specify Drug, Dose and Frequency	☒ ● VERIFY PNEUMONIA / INFLUENZA VACCINATION STATUS AND ADMINISTER PER IMMUNIZATION SCREENING GUIDELINES ❑ NORMAL SALINE @ _____ ML/HR ❑ ADD KCL _____ MEQ/LITER ❑ SALINE LOCK ❑ ADULT PRN MEDICATION PROTOCOL ❑ ● ASPIRIN _____MG PO EVERY DAY ❑ ● ACE/ARB_____EVERY _____ HOURS **(HOLD IF SBP ≤100)** ❑ ● BETA BLOCKER_____EVERY _____ HOURS **(HOLD IF SBP ≤100 OR HR ≤50)** ❑ ● STATIN_____ PO EVERY DAY ❑ ● PLAVIX 75MG PO EVERY DAY ❑ MORPHINE SULFATE _____ MG IV EVERY _____ HOURS PRN SEVERE PAIN ❑ LOVENOX 1 MG/KG SUBCUT EVERY 12 HOURS – DC IF ALL CARDIAC ENZYMES NEGATIVE ❑ HEPARIN PER PROTOCOL – DC IF ALL CARDIAC ENZYMES NEGATIVE ❑ NTG IV DRIP PER PROTOCOL ❑ NTG 0.4 MG SL PRN CHEST PAIN EVERY 5 MIN X 3 DOSES – EKG IF GIVEN ❑ NTG OINTMENT _____ INCH TO ANTERIOR CHEST WALL EVERY 8 HOURS **(HOLD IF SBP ≤ 100 OR HR ≤ 50)** ❑ PROTONIX 40 MG PO EVERY _____HRS (MAY GIVE IV IF UNABLE TO TAKE PO) ❑ ZOFRAN 4 MG IV EVERY 6 HOURS PRN NAUSEA/VOMITING ❑ AC/HS FINGERSTICK BLOOD SUGAR: [(BS – 100) / 30] = # UNITS REGULAR INSULIN SUBCUT PRN BS > 200

Patient Name and DOB

PO_9026_EFR
Rev. 05/10/2016