COFFEE REGIONAL MEDICAL CENTER

1PO

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
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 ❑ MORPHINE SULFATE _______ MG IV EVERY ______ HOURS PRN SEVERE PAIN ● ANTIPLATELET (Choose one) ❑ PLAVIX 75MG PO EVERY DAY ❑ BRILANTA 90MG PO ❑ 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

LAST, FIRST MNAME ROOM-BED s
V1234 t 04/30/2008 M1234 m
04/30/2008 *00M 07D*

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Rev. 06/13/2017