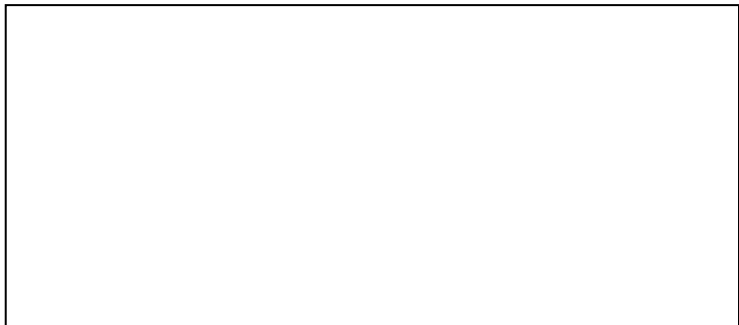


ACUTE CORONARY SYNDROME ADMISSION ORDERS

GLYCEMIC CONTROL	<input type="checkbox"/> Notify physician if AM fasting blood sugar is >140 <input type="checkbox"/> Sliding Scale Insulin (See sliding scale order sheet) <input type="checkbox"/> Intensive Insulin Protocol (ICU only – see order sheet)		
VTE Prophylaxis	PATIENT CATEGORY / RISK FACTORS	RISK	PROPHYLAXIS METHOD
	Patient is < 40 years old & no additional risk factor (See High Risk below)	LOW	<input type="checkbox"/> No specific measures; early ambulation
	Patient 40-60 years with limited mobility and no additional risk factor (see High risk below)	MOD	<input type="checkbox"/> Sequential compression device OR <input type="checkbox"/> TED hose OR <input type="checkbox"/> Enoxaparin 40mg subQ daily x 10 days OR <input type="checkbox"/> Heparin 5,000 units subQ every 8 hours x 10 days
	Patient >60 yrs or any risk factor such as: CHF, MI, resp. failure, trauma (major or lower extremity), cancer, infection, restricted mobility, ICU admit, obesity, surgery, varicose veins, prior DVT/PE, chronic lung disease, inflammatory bowel disease, smoking, HRT use, pregnancy current or recent.	HIGH	<input type="checkbox"/> Sequential compression device OR <input type="checkbox"/> TED hose PLUS <input type="checkbox"/> Enoxaparin 40mg subQ daily x 10 days OR <input type="checkbox"/> Heparin 5,000 units subQ every 8 hours x 10 days
	Contraindications to anticoagulation therapy <ul style="list-style-type: none"> • No mechanical prophylaxis due to: <ul style="list-style-type: none"> <input type="checkbox"/> bilateral amputee <input type="checkbox"/> lower extremity trauma • No anticoagulation at this time due to: <ul style="list-style-type: none"> <input type="checkbox"/> pharmacological VTE prophylaxis: <input type="checkbox"/> platelet count <100,000/mm <input type="checkbox"/> on warfarin prior to admit <input type="checkbox"/> active bleeding (GI bleed) <input type="checkbox"/> cerebral hemorrhage <input type="checkbox"/> CVA <input type="checkbox"/> retroperitoneal bleeding <input type="checkbox"/> bleeding risk <input type="checkbox"/> HIT <input type="checkbox"/> lumbar puncture within 24 hrs <input type="checkbox"/> epidural cath within 24 hours <input type="checkbox"/> hypersensitivity to Heparin or Enoxaparin. <input type="checkbox"/> patient refusal <input type="checkbox"/> other: _____ 	E X C E P T I O N	<input type="checkbox"/> Sequential compression device OR <input type="checkbox"/> TED hose
ANTIPLATELET / ANTICOAGULANT THERAPEUTIC REGIME	<input type="checkbox"/> Aspirin (enteric coated) _____ PO daily <input type="checkbox"/> Contraindicated: <input type="checkbox"/> allergy <input type="checkbox"/> GI bleeding <input type="checkbox"/> Clopidogrel (Plavix) _____ PO loading dose today, then 75 mg PO daily <input type="checkbox"/> Enoxaparin (Lovenox) 1mg/kg subQ every 12 hours; Pharmacy to adjust. <input type="checkbox"/> Heparin per protocol (see Heparin Order Sheet) <input type="checkbox"/> Eptifibatide (Integrilin) per protocol <input type="checkbox"/> Coumadin per Pharmacy protocol		
	ACE Inhibitor: _____ (Benazepril / Captopril / Enalapril / Lisinopril / Ramipril) <input type="checkbox"/> Hold for SBP < _____ <input type="checkbox"/> Contraindicated: <input type="checkbox"/> hypotension <input type="checkbox"/> renal insufficiency <input type="checkbox"/> hyperkalemia <input type="checkbox"/> angioedema <input type="checkbox"/> Hx drug intolerance		
	Beta Blocker: _____ (Carvedilol / Atenolol / Metoprolol) <input type="checkbox"/> Hold for SBP < _____ HR < _____ Contraindication: <input type="checkbox"/> bronchospasm <input type="checkbox"/> bradyarrhythmia <input type="checkbox"/> hypotension <input type="checkbox"/> _____ <input type="checkbox"/> Acute AMI within first 24 hrs of admit with history of HF		
	ARB: _____ (Losartan / Valsartan) <input type="checkbox"/> Hold for SBP < _____ <input type="checkbox"/> Contraindicated: <input type="checkbox"/> hypotension <input type="checkbox"/> renal insufficiency <input type="checkbox"/> hyperkalemia <input type="checkbox"/> angioedema <input type="checkbox"/> _____		

ACUTE CORONARY SYNDROME ADMISSION ORDERS



	Vasodilator: <input type="checkbox"/> NTG oint.2% _____ inch(es) every _____ hrs (remove for SBP < 90) <input type="checkbox"/> Isosorbide dinitrate (Isordil) _____ mg every _____ (hold for SBP < _____) <input type="checkbox"/> Isosorbide mononitrate (Imdur) _____ mg every _____ (hold for SBP < _____)
PAIN	<input type="checkbox"/> Nitroglycerin 0.4mg sublingual every 5 minutes X 3 for chest pain and notify physician. Keep SBP > _____ <input type="checkbox"/> Nitroglycerin IV drip: start at _____ mcg/minute and titrate to relieve chest pain. Keep SBP > _____ <input type="checkbox"/> Morphine Sulfate 2 mg IV MR every 5 minutes X 3 for chest pain and notify physician
NAUSEA/ VOMITING	<input type="checkbox"/> Ondansetron 4 mg IV every 6 hours PRN nausea/vomiting OR <input type="checkbox"/> Dolasetron 12.5 mg IV every 6 hours PRN nausea/vomiting
BOWEL CARE	<input type="checkbox"/> Follow PDH "Bowel Care Protocol": ■DSS 250 mg PO daily ■Dulcolax Supp PR daily PRN constipation ■MOM 30 ml PO daily PRN constipation ■Fleets Enema daily PRN constipation
ANXIETY	<input type="checkbox"/> Lorazepam _____ mg IV / PO (circle one) every _____ hrs PRN anxiety OR <input type="checkbox"/> Alprazolam 0.25 mg PO every 6 hours PRN anxiety
SLEEP	<input type="checkbox"/> Temazepam PO q HS PRN sleep MR X 1 in 1 hour <input type="checkbox"/> 7.5 mg (rec. for ≥ 65 yrs) <input type="checkbox"/> 15 mg (rec. for < 65 yrs) OR <input type="checkbox"/> Zolpidem 5 mg PO q HS PRN sleep MR X 1
VACCINES	Influenza vaccine: per Influenza Vaccination Screening & Administration Protocol Pneumonia vaccine: per Pneumococcal Vaccination Screening & Administration Protocol
OTHER MEDS	<input type="checkbox"/> Digoxin _____ mg PO /IV circle one) every _____ <input type="checkbox"/> KCL _____ meq PO / IV (circle one) every _____ <input type="checkbox"/> ICU pts – per KCL/Magnesium Protocol <input type="checkbox"/> Cholesterol lowering: _____ <input type="checkbox"/> Spironolactone 25 mg PO daily <input type="checkbox"/> Nicotine Patch: <input type="checkbox"/> 7 mg daily <input type="checkbox"/> 14 mg daily <input type="checkbox"/> 21 mg daily <input type="checkbox"/> Mylanta 30 ml PO every 4 hrs PRN indigestion <input type="checkbox"/> Acetaminophen 650 mg PO every 4 hrs PRN temp >100°F or mild pain (max daily dose = 4 gms)
OTHER ORDERS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Physician Signature: _____ Date: _____ Time: _____ Transcriber Signature: _____ Date: _____ Time: _____	