

CARDIAC CARE ACUTE CORONARY SYNDROME (ACS)

ADMIT STATUS: Inpatient Services 23 Hour Observation
SERVICE: Telemetry Stepdown ICU CCU
ADMITTING PHYSICIAN: _____
ADMITTING DIAGNOSIS: Acute Coronary Syndrome (Unstable Angina) Arrhythmia _____
ALLERGIES: _____

Part I: For Patients with ACS or suspected AMI. If patient has a CONFIRMED AMI – initiate AMI Standing Orders

1. MEDICATIONS:

- Sodium Chloride 0.9% 1000 mL IV @ 75 mL/hr
- Tirofiban (Aggrastat) Loading dose: 25 mcg/kg administered over 5 minutes, then:
 - Normal renal function: 0.15 mcg/kg/minute continued for up to 18 hours
 - Impaired renal function: 0.075 mcg/kg/min continued for up to 18 hours
- Clopidogrel 300 mg po x 1 loading dose
- Clopidogrel 75 mg po daily
- DOPamine 5 mcg/kg/min continuous infusion. Increase by 2.5 mcg/kg/min every 15 minutes until desired response is achieved: MAP ≥ 65 or SBP > 90. **Max rate:** 20 mcg/kg/min
- Lidocaine 1.5 mg/kg IV bolus. If refractory VF or pulseless VT, repeat 0.5 to 0.75 mg/kg bolus every 5 to 10 minutes (**maximum cumulative dose:** 3 mg/kg). Follow with continuous infusion (1 to 4 mg/minute) after return of perfusion. Reappearance of arrhythmia during constant infusion: 0.5 mg/kg bolus and reassessment of infusion
- Atropine 0.5 mg IVP PRN (every 5 minutes for a maximum of 2 doses) heart rate less than 50
 - Aspirin 81 mg 325 mg PO Daily (chew first dose) if no active GI bleeding
 - If Aspirin is held for any reason, notify attending physician immediately
 - If not given, indicate reason: _____
- Heparin per Medical Center Anticoagulation protocol unless Pharmacy Dosing Service ordered
 - Warfarin Pharmacy to dose Physician to dose; _____mg PO daily
- Enoxaparin (LOVENOX) 1mg / kg subcutaneous every 12 hours *(Do not use in dialysis patients)
- VTE Prophylaxis
 - Choose ONE Mechanical Intervention
 - Anti-embolic stockings apply/maintain, knee high
 - Anti-embolic stockings apply/maintain, thigh high
 - Intermittent Pneumatic Compression, knee high
 - Intermittent Pneumatic Compression, thigh high
 - May Select Pharmacological Prophylaxis if NOT on therapeutic Anticoagulation
 - Heparin 5000 units SubQ every 8 hours
- Magnesium Sulfate 2 gm in 100 mL D5W over 1 hour stat, if Magnesium level is less than 1.7 mg/dL– Repeat Magnesium level next morning
- Potassium Chloride 10 mEq in 100 mL IVPB over 1 hours X 4 doses, if Potassium Level is less than 4 mEq/L and Creatinine is less than 2 mg/dL, repeat Potassium Level next AM. If Creatinine greater than 2, call attending.
- For Chest Pain, Nitroglycerin 0.4 mg sublingual every 5 minutes up to 3 doses, if Systolic BP greater than 90
 - STAT ECG, notify attending and FAX ECG
- IV Nitroglycerin infusion (Nitroglycerin 50 mg in 250 mL D5W) at 10 micrograms / minute; titrate up 10 micrograms every 3 minutes to one of the following 1) Relief of chest pain 2) To a maximum 100 micrograms / minute 3) Systolic BP less than 90 mmHg

NOTE: If pain unrelieved in 20 minutes or at 100 micrograms / minute. Repeat ECG and notify attending.

Physician Signature

Date (required)

Time (required)



640B

PT.

MR.#/P.M.

DR.

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Beta Blockers (Select 1)

- Atenolol 25 mg 50 mg po daily
- Carvedilol 3.125 mg 6.25 mg 12.5 mg 25 mg po BID
- Metoprolol tartrate 12.5 mg 25 mg 50 mg po BID
- Metoprolol Succinate 25 mg 50 mg po daily

No Beta Blocker: indicate reason

- Allergy
- 2nd or 3rd degree AV Block
- HR less than 60
- Peripheral hypoperfusion
- PR Interval greater than 0.25 seconds
- SBP less than 100
- Severe LV Failure
- Other: _____

ACE Inhibitor/ ARB (Select 1)

- Losartan 25 mg or 50 mg po daily at noon
- Valsartan 160 mg po BID
- Lisinopril 5 mg 10 mg 40 mg daily at noon

No ACE Inhibitor/ARB: indicate reason

- Allergy
- Acute kidney injury
- End stage renal disease
- Renal artery or aortic stenosis
- Renal insufficiency
- Hypotension
- Other: _____

Statin (Select 1)

- Atorvastatin 10 mg 20 mg 40 mg po qHS
- Pravastatin 10 mg 20 mg 40 mg po qHS

No statin: indicate reason

- Allergy
- Contraindication: _____
- Myalgias
- LDL less than 100 mg/mL on admission
- Patient or family refusal
- Other: _____

Alteplase

- Wt < 65 kg; 15 mg IV x1, 0.75 mg/kg over 30 minutes, then 0.5 mg/kg over 1 hour
- Wt > 65 kg; 15 mg IV x 1, 50 mg over 30 minutes, 35 mg over 1 hour

For anxiety, Alprazolam (XANAX):

Alprazolam (XANAX) 0.25 mg TID PRN, not to exceed 1 dose in a 6 hour period, if less than 75 years old
 Alprazolam (XANAX) 0.125 mg TID PRN, not to exceed 1 dose in a 6 hour, if 75 – 85 years old
 Call for orders if patient's age greater than 85

Temazepam (RESTORIL) 7.5 mg PO nightly PRN for sleep, if age less than 65. May repeat times one each night.
 Use of Temazepam (RESTORIL) Contraindicated in patients greater than 65 yrs of age. Further assessment by physician is needed

Acetaminophen (TYLENOL) 650 mg PO or Suppository Per rectum every 4 hours PRN, for headache, musculoskeletal pain or Temperature greater than 37.7C

Senokot -S 2 tablets PO daily, starting on 2nd hospital day

Aluminum and Magnesium Hydroxide (MYLANTA) 30 mL PO every 4 hours PRN indigestion

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**CARDIAC CARE
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- 2. ACTIVITY: Bed Rest with BRP, if no Chest Pain
- 3. DIET: Full liquid diet for first 6 hours, only decaffeinated coffee, tea
 - After 6 hours, if no chest pain: 2 Gm sodium, low fat low cholesterol, only decaffeinated beverages
 - For hemodialysis patients or if Creatinine greater than 2.5; Renal diet in addition to above
 - If patient is diabetic, 1800 calorie ADA diet in addition to above (see "monitoring" below)
 - HOLD 1ST AM breakfast at nurse station until orders for Cardiac Catheterization / Stress Test received and Lipid Profile done
- 4. DIAGNOSTIC STUDIES:
 - ECG on admission and every AM X 2 days
 - STAT ECG for new ST elevation or depression and / or Chest Pain then fax ECG to attending physician
 - CBC, Magnesium Level and BMP on admission if not done in the Emergency Department
 - STAT Troponin levels every 4 hours X 4 from onset of pain – NOTE: if Troponin is positive, obtain CK and CK – MB 12 hours after onset of pain
 - Fasting Lipid profile next AM
 - Hgb A1C level with next blood draw
- 5. CONSULTS: _____

Referral to Home Care Coordinator to evaluate need for home care services

- 6. MONITORING:
 - Record Vital Signs every 1 hour times 4 hours until stable, then every 4 hours if unspecified
 - Pulse Oximeter on admission
 - Intake and Output: Record every 8 hours
 - Weigh on admission. Record daily weights for CCU patients; weigh as ordered for all others
 - Continuous ECG monitor. Record rhythm strips every 8 hours and PRN for any changes in rhythm.
 - For Tachy – or bradycardia: Record and post the start and end of the dysrhythmia if possible
 - If PA Catheter is in place, print hemodynamic profile every 7 AM and every _____ PM and post on beside sheet
 - If Patient is diabetic; Glucometer at 0700, 1200 (before lunch), 1600 and 2100 and record
 - Notify attending if BP less than 90, Heart Rate greater than 120 or Urine Output less than 200 mL per 8 hour period
 - Notify attending if Blood Pressure, Heart Rate or other vital signs change unexpectedly
- 7. MISCELLANEOUS
 - If patient uses tobacco, contact attending for Smoking Cessation orders
 - Oxygen by Nasal Cannula, maintain SaO₂ greater than 90 per respiratory therapy protocol

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