

(place patient label here)

Patient Name: \_\_\_\_\_

**Order Set Directions:**

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**PROVIDER ORDERS**

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

## Chest Pain – Acute Coronary Syndrome

**Version 4 4/10/17**

- This order set is designed to be used with an admission set or for a patient already admitted

### Nursing Orders

- ☒ Notify provider: for ECG changes and when giving nitroglycerin for chest pain or if chest pain not relieved within 10 minutes after giving nitroglycerin
- ☒ If patient has chest pain- obtain STAT ECG. Do not give Nitroglycerin until after ECG is obtained

### Medications

#### Chest Pain

##### Nitrates

nitroglycerin 0.4 mg sublingual tablet (NITROSTAT)

- ☒ 1 tablet sublingually as needed for chest pain May repeat every 5 minutes with MAX of 3 doses for a single chest pain episode within one hour; Hold for systolic blood pressure less than 90 mmHg

nitroglycerin in D5W 25 milligram/250 milliliter

- ☐ 5 microgram/minute continuous intravenous infusion titrate for chest pain to MAX 15 microgram/minute; Hold for systolic blood pressure less than 90 mmHg

##### Analgesics: Opioids

morphine

- ☒ 2 milligram intravenously every 5 minutes as needed for chest pain not relieved by nitroglycerin (give up to MAX of 10 milligram for a single chest pain episode within one hour)

##### Platelet Inhibitors: Glycoprotein IIb/IIIa Receptor Inhibitors

- All patients who receive a GpIIb-IIIa receptor inhibitor should also be given an anticoagulant in addition to an antiplatelet medication
- Avoid the routine use of abciximab if PCI is not planned
- Avoid the routine use of upstream GpIIb-IIIa receptor inhibitors for patients at low risk for ischemic events or at high risk of bleeding who are already receiving aspirin and clopidogrel

##### Aggrastat- Select loading dose and one maintenance infusion:

tirofiban (AGGRASTAT) 5mg/100mL: Loading dose

- ☐ 25 microgram/kilogram intravenous push once MAX dose 3825 mcg

##### For GFR > 60 mL/min Select:

tirofiban (AGGRASTAT) 5 mg/100mL: Maintenance

- ☐ 0.15 microgram/kilogram per minute continuous intravenous infusion for 18 hour MAX 23 microgram/minute

##### For GFR < /= 60 mL/min Select:

tirofiban (AGGRASTAT) 5 mg/100mL: Maintenance

- ☐ 0.075 microgram/kilogram per minute continuous intravenous infusion for 18 hour MAX 11.5 microgram/minute

##### Reopro- Select loading dose and maintenance infusion:

abciximab (REOPRO) 9 milligram in 250 milliliter NS (36 microgram/milliliter): Maintenance

- ☐ 0.125 microgram/kilogram per minute continuous intravenous infusion for 12 hour MAX 10 microgram/minute (17 milliliter/hour): Dosing weight: \_\_\_\_\_kilogram; Must be given thru a separate IV

abciximab (REOPRO) 2 milligram/milliliter: Loading dose

- ☐ 0.25 milligram/kilogram over 1 minute intravenous push once Dosing weight: \_\_\_\_\_kilogram; Must be given thru a separate IV

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**PROVIDER ORDERS**

**Platelet Inhibitors**

aspirin

- ☐ 81 milligram orally once a day First dose now? [ ] Yes [ ] No
- ☐ 325 milligram orally once a day First dose now? [ ] Yes [ ] No

clopidogrel (PLAVIX)

- ☐ 300 milligram orally once now (loading dose)
- ☐ 75 milligram orally once a day (Begin day after loading dose if ordered)

ticagrelor (BRILINTA)

- ☐ 180 milligram orally once now
- ☐ 90 orally 2 times a day maintenance dose (Begin day after loading dose if ordered)

**Anticoagulants**

**Low Dose Heparin Weight Based Drip**

Weight-based Heparin Infusion with loading dose (Select both)

- ☐ 60 unit/kilogram intravenously once loading dose (MAX 10,000 units) and initiate Low Dose Heparin Weight Based Protocol; (Pharmacy to adjust dosing weight as needed)
- ☐ 12 unit/kilogram per hour continuous intravenous infusion maintenance dose (MAX Infusion Rate 2,300 units per hour); titrate per low dose heparin weight based protocol (Pharmacy to adjust dosing weight as needed)

Weight-based Heparin Infusion NO loading dose

- ☐ 12 unit/kilogram per hour continuous intravenous infusion maintenance dose (MAX Infusion Rate 2,300 units per hour); titrate per low dose heparin weight based protocol (Pharmacy to adjust dosing weight as needed)

**Standard Dose Heparin Weight Based Drip**

Weight-based Heparin Infusion Protocol WITH loading dose (Select both)

- ☐ 80 unit/kilogram intravenously once loading dose (MAX 10,000 units) and initiate Standard Dose Heparin Weight Based Protocol; (Pharmacy to adjust dosing weight as needed)
- ☐ 18 unit/kilogram per hour continuous intravenous infusion maintenance dose (MAX Infusion Rate 2,300 units per hour); titrate per Standard Dose Heparin Weight Based Protocol (Pharmacy to adjust dosing weight as needed)

Weight-based Heparin Infusion Protocol WITHOUT loading dose

- ☐ 18 unit/kilogram per hour continuous intravenous infusion maintenance dose and titrate per Standard Dose Heparin Weight Based Protocol (Pharmacy to adjust dosing weight as needed)

**Low-Molecular-Weight Heparins**

enoxaparin (LOVENOX)

- ☐ 1 milligram/kilogram subcutaneously once now
- ☐ 1 milligram/kilogram subcutaneously every 12 hours
- ☐ 1 milligram/kilogram subcutaneously every 24 hours (select if GFR is less than 30 mL/min)

fondaparinux (ARIXTRA) Select ONLY IF suspected or known history of heparin induced thrombocytopenia (HIT) OR allergy to enoxaparin (LOVENOX)

- ☐ 2.5 milligram subcutaneously once now DO NOT USE if GFR less than 30 mL/min
- ☐ 2.5 milligram subcutaneously once a day DO NOT USE if GFR less than 30 mL/min

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**PROVIDER ORDERS**

**Angiotensin-Converting Enzyme Inhibitors**

lisinopril (PRINIVIL)

- ☐ 10 milligram orally once a day -Hold for Systolic BP less than 90 mmHg
- ☐ 20 milligram orally once a day -Hold for Systolic BP less than 90 mmHg

ramipril (ALTACE)

- ☐ 2.5 milligram orally once a day -Hold for Systolic BP less than 90 mmHg
- ☐ 5 milligram orally once a day -Hold for Systolic BP less than 90 mmHg

**Angiotensin Receptor Blockers**

losartan (COZAAR)

- ☐ 50 milligram orally once a day -Hold for Systolic BP less than 90 mmHg
- ☐ 100 milligram orally once a day -Hold for Systolic BP less than 90 mmHg

**Beta-Blockers**

carvedilol (COREG)

- ☐ 6.25 milligram orally 2 times a day -Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 bpm
- ☐ 12.5 milligram orally 2 times a day -Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 bpm

metoprolol tartrate (LOPRESSOR)

- ☐ 25 milligram orally 2 times a day -Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 bpm
- ☐ 50 milligram orally 2 times a day -Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 bpm

propranolol (INDERAL)

- ☐ 10 milligram orally 3 times a day -Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 bpm

**Statin Therapy**

- ACC/AHA guideline Expert Panel recommendations for the treatment of blood cholesterol levels to reduce atherosclerotic cardiovascular disease (ASCVD) - includes coronary heart disease (CHD), stroke, and peripheral arterial disease, all of presumed atherosclerotic origin.

**High-Intensity SELECT ONE:**

- High-intensity statin therapy should be initiated for adults < 75 years of age with clinical ASCVD who are not receiving statin therapy or the intensity should be increased in those receiving a low- or moderate-intensity statin, unless they have a history of intolerance to high-intensity statin therapy or other characteristics that may influence safety

atorvastatin (LIPITOR)

- ☐ 40 milligram orally once a day, in the evening
- ☐ 80 milligram orally once a day, in the evening

rosuvastatin (CRESTOR)

- ☐ 20 milligram orally once a day, in the evening [Potentially inappropriate for patients of Asian descent]
- ☐ 40 milligram orally once a day, in the evening [Potentially inappropriate for patients of Asian descent]

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**PROVIDER ORDERS**

**Moderate-Intensity SELECT ONE:**

- Moderate-intensity statin therapy should be used in individuals in whom high-intensity statin therapy would otherwise be recommended when characteristics predisposing them to statin-associated adverse effects are present. ( > 75 years of age, multiple or serious comorbidities, history of statin intolerance)
  - atorvastatin (LIPITOR)
    - ☐ 10 milligram orally once a day, in the evening
    - ☐ 20 milligram orally once a day, in the evening
  - rosuvastatin (CRESTOR)
    - ☐ 5 milligram orally once a day, in the evening
    - ☐ 10 milligram orally once a day, in the evening [Potentially inappropriate for patients of Asian descent]

**For Smoking Cessation: select smoking cessation order set**

**Laboratory**

**Admission Labs:**

- ☐ CBC/AUTO DIFF
- ☐ Troponin-I every 6 hour x 2 from ER troponin
- ☐ Comprehensive metabolic panel
- ☐ Magnesium level, plasma
- ☐ Phosphorus level, plasma
- ☐ PT (PROTIME AND INR)
- ☐ PTT
- ☐ Thyroid stimulating hormone (TSH)

**Morning Labs:**

- ☐ CBC/AUTO DIFF
- ☐ Basic metabolic panel
- ☐ Lipid panel , fasting

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**PROVIDER ORDERS**

**Radiology and Diagnostic Tests**

XR Chest single , portable,

- ☐ routine in AM, Reason for exam: \_\_\_\_\_

XR Chest PA and Lateral

- ☐ now Reason for exam: \_\_\_\_\_

ECG

- ☐ routine every 4 hours x 2 (including EKG in ER); Reason for exam: Chest pain

CTA Heart/Coronary Arteries

- ☐ routine Reason for exam: \_\_\_\_\_

ECHO, Transthoracic Complete

- ☐ stat ICD 9 Indications: \_\_\_\_\_ Contrast? ☐ Yes ☐ No Agitated

Saline (Bubble Study) ☐ Yes ☐ No Additional Instructions: \_\_\_\_\_

- ☐ routine ICD 9 Indications: \_\_\_\_\_ Contrast? ☐ Yes ☐ No Agitated

Saline (Bubble Study) ☐ Yes ☐ No Additional Instructions: \_\_\_\_\_

ECHO, Transesophageal

- ☐ routine **\*\*Cardiology Consult required\*\*** Reason for exam: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

ECHO, Treadmill Stress

- ☐ routine Reason for exam: \_\_\_\_\_

- ☐ Do you want to hold Beta Blockers? ☒ Yes ☐ No

ECHO, Pharmacological Stress routine

- ☐ Reason for exam: \_\_\_\_\_

- ☐ Do you want to hold Beta Blockers? ☒ Yes ☐ No

**Nuclear Medicine: Cardiac**

Stress, Cardiovac Imag w/NM Routine (NM Heart Stress/RST Spect MLT [NM] reflexes when this order is placed) Reason for exam: \_\_\_\_\_

- ☐ with DOBUTamine

- ☐ with Lexiscan

- ☐ with treadmill

**Consult Provider**

- Provider to provider notification preferred.

- Consult Cardiologist:

- ☐ Consult other provider \_\_\_\_\_ regarding \_\_\_\_\_

Does nursing need to contact consulted provider? ☐ Yes ☐ No

- Consult Endocrinologist:

- ☐ Consult other provider \_\_\_\_\_ regarding \_\_\_\_\_

Does nursing need to contact consulted provider? ☐ Yes ☐ No

- Consult Hospitalist:

- ☐ Consult other provider \_\_\_\_\_ regarding \_\_\_\_\_

Does nursing need to contact consulted provider? ☐ Yes ☐ No

**Consult Department**

- ☐ Consult to dietitian, adult regarding heart healthy diet teaching

- ☐ Consult to cardiac rehabilitation

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_