(place patient label here) Patient Name:	Benefis HEALTH SYSTEM
Patient Name.	HOSPITALS
Order Set Directions:  > (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.  > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made  > Initial each page and Sign/Date/Time last page	PROVI DER ORDERS
Diagnosis:	
Allergies with reaction type:	
Chest Pain Observation  Use this order set with the Transition from the ED OR the Admission Compreh This order set is intended for patients placed in an observation status using one of the Hold beta blockers during home medication reconciliation process if indicated	
Nursing Orders  ☑ Attending Cardiologist: ☑ Telemetry: Patient may be off telemetry for showering or transport for diagnostic t ☑ If patient has chest pain: obtain STAT ECG first.** Do not give Nitroglycerin until a ☑ Notify provider: for ECG changes; abnormal Troponin results and when giving nitrograms.	after ECG is obtained**
Diet  ☑ NPO (diet) NPO Modifications: [X] Except Meds [ ] Strict [X] With Ice Chips [X] Additional Instructions: Keep NPO until after stress test determined	With Sips
<ul> <li>Medications         <ul> <li>nitroglycerin 0.4 mg sublingual tablet (NITROSTAT)</li> <li>☑ 1 tablet sublingually as needed for chest pain Do not give until after ECG is obtatinutes with MAX of 3 doses for a single chest pain episode within one hour; He 90 mmHg; Notify provider</li> <li>acetaminophen (TYLENOL)</li> <li>☑ 650 milligram orally every 4 hours as needed for mild-to-moderate pain OR fever aspirin</li> <li>☑ 325 milligram orally once a day</li> </ul> </li> </ul>	old for Systolic BP less than
Laboratory Admission Labs:  ☑ Troponin-I 4 hours from last ED Troponin  Diagnostic Tests ECG	
<ul> <li>✓ 4 hours from last ECG in ED; Reason for exam: Chest pain ECHO, Transthoracic Complete</li> <li>☐ routine ICD 9 Indications: Chest Pain;</li> <li>Contrast? [ ] Yes [ ] No Agitated Saline (Bubble Study) [ ] Yes [ ] No Additional Instructions:</li> <li>ECHO, Treadmill Stress</li> </ul>	
<ul> <li>□ routine Reason for exam: Chest Pain</li> <li>ECHO, Pharmacological Stress routine</li> <li>□ Reason for exam: Chest Pain</li> <li>Nuclear Medicine: Cardiac</li> </ul>	
Stress, Cardiovacs Imag w/NM Routine (NM Heart Stress/RST Spect MLT [NM] refle placed) Reason for exam: Chest Pain  with DOBUTamine with Lexiscan with treadmill	exes when this order is
Consult Provider  ● Provider to provider notification preferred.  □ Consult other provider regarding  Does nursing need to contact consulted provider? [ ] Yes [ ] No	

\_Date:\_\_\_\_\_Time:\_\_\_\_

Provider Signature:\_\_\_\_\_