

(place patient label here)

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



**PROVIDER ORDERS**

**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

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

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

**SO ED Chest Pain**

**Version 2 4/2/19**

- Activate this Standing Order (SO) by selecting the appropriate provider and using the "Standing Order" order source.

**Chest Pain Suspected Cardiac Origin and age > 30 years old Select:**

***Nursing Orders***

- Vital signs per unit standard
- Cardiac monitor
- Pulse oximetry , continuous
- 12-lead ECG **\*\*WITHIN 5 minutes of admission \*\*Reason for exam: Chest pain (MARK V1-V4 position)**
- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 94%

***IV/ Line Insert and/or Maintain***

- Peripheral IV insert/maintain

***Medications***

aspirin

- 324 milligram chewed once if not already given in past 24 hours

nitroglycerin 0.4 mg sublingual tablet (NITROSTAT)

- 1 tablet sublingually as needed for chest pain **OBTAIN ECG PRIOR TO DOSE ADMINISTRATION; 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**

***Laboratory***

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- TROPONIN I every 2 hours x 3

***IF on warfarin Select:***

- PT (PROTIME AND INR)

***IF history of CHF Select:***

- NT pro-BNP

***Radiology and Diagnostic Tests***

- XR Chest Single , portable, Reason for exam: Chest Pain
- ED ECG (ED Provider Only) Reason for Exam: Chest Pain

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