(place patient label here)

Patient Name:_

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:

ED ACS-Acute Coronary Syndrome/NSTEMI

Nursing Orders

- ☑ Cardiac monitor
- $\ensuremath{\boxtimes}$ Pulse oximetry , continuous
- ☑ Vital signs STAT, with blood pressure in both arms
- ☑ Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 94%

Diet

⊠ NPO

IV/ Line Insert and/or Maintain

☑ Peripheral IV insert/maintain x 2; Avoid using right wrist

IV Fluids

Sodium Chloride 0.9% IV

☑ 50 milliliter/hour continuous intravenous infusion

Medications

Primary Therapy (Select only if not already ordered)

aspirin chewable

☑ 324 milligram orally once now, chewed; if not already given

- 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 BP less than 90 mmHg

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)

If Troponin > 0.1 mg/dL SELECT ALL

- Avoid heparin if patient has a history of heparin induced thrombocytopenia heparin
 - □ 60 unit/kilogram intravenously once initial dose; MAX 5,000 units
 - ticagrelor (BRILINTA)

□ 180 milligram orally once now

atorvastatin (LIPITOR)

□ 80 milligram orally once now

- metoprolol tartrate (LOPRESSOR)
 - □ 25 milligram orally once now -Hold for systolic BP less than 90 mmHg or Heart rate less than 50 bpm

Platelet Inhibitors: Glycoprotein IIb/IIIa Receptor Inhibitors

Avoid the routine use of abciximab if PCI is not planned

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

4/2/19

Version 3

(place patient label here)

Patient Name: ____

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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

Laboratory

STAT Labs (If not already done)

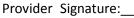
- □ CBC/AUTO DIFF
- □ BASIC METABOLIC PANEL
- □ COMPREHENSIVE METABOLIC PANEL
- □ MAGNESIUM, PLASMA
- □ TROPONIN I
- □ PT (PROTIME AND INR)
- D PTT

Radiology and Diagnostic Tests (If not already done)

- ☑ ED ECG (ED Provider Only) Reason for exam: Chest pain (Mark V1-V4 positions)
- □ XR Chest Single portable, STAT Reason for exam: Chest pain

Consult Provider

- Provider to provider notification preferred.
- Consult Cardiologist •
 - Consult other provider regarding Does nursing need to contact consulted provider? [] Yes [] No



Date: Time:

BENEFIS HEALTH SYSTEM

enet

PROVIDER ORDERS

HOSPITALS