

(place patient label here)

Patient Name: _____



SO Chest Pain Treatment

General

Inclusion Criteria:

- Sudden onset chest pain indicative of ischemic heart disease

Vital Signs

- Vital Signs Not Per Unit Standard now
- Additional Instructions:

Notify Provider

- IF Standing Order Initiated
- **THEN Notify Provider**

Respiratory/Nursing

- Oxygen Delivery RN/RT to determine Flow Rate (lpm): RT/RN Discretion
- Titrate to Keep O2 Sat > or Range of (%): 92%
- Additional Instructions:

IV/Line Insert and/or Maintain

- Peripheral IV Insert/Maintain
- Additional Instructions: if not already in place

Medications

- Obtain ECG prior to dose administration

- Nitroglycerin sublingual tablet 0.4 mg sublingually every 5 minutes as needed for chest pain -- Label Comments : Not to exceed 3 doses within 1 hour. Hold for SBP < 90 mmHg

If patient allergic to morphine, select fentaNYL:

- Morphine Sulfate [Morphine] 2 mg intravenously every 10 minutes as needed for chest pain -- Label Comments : For Chest Pain NOT relieved by nitroglycerin. Give up to a MAX of 10mg for a single chest pain episode within 1 hour
- fentaNYL Citrate/Pf [Sublimaze] 25 mcg intravenously every 5 minutes as needed for chest pain -- Label Comments : For Chest Pain NOT relieved by nitroglycerin. Give up to a MAX of 100mcg for a single chest pain episode within 1 hour

Radiology and Diagnostic Tests

- ECG Stat
- Reason for ECG: chest pain
- Additional Instructions: prior to nitroglycerin administration **Page ECG Tech for all ECG Orders (East 0100, West 0375)

Provider's Signature _____ Date: _____ Time: _____

Initials: _____