

(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
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Diagnosis: _____

Allergies with reaction type: _____

ED ACS-Acute Coronary Syndrome/NSTEMI

Version 3

4/2/19

Nursing Orders

- Cardiac monitor
- 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

Initials _____

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PROVIDER ORDERS

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)
- 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

Provider Signature: _____ Date: _____ Time: _____