

CHEST PAIN CENTER PHYSICIAN'S ORDER

- Boxed items are optional & must be marked to be ordered
 Shaded areas do not require time / initials

FOR CPC USE ONLY

TRACK I - ACUTE MYOCARDIAL INFARCTION

Date	/ /	
Time	Initial	
		1. STAT: CBC, MP7, CPKMB, Troponin I, PT, PTT, Mg, Lipid profile STAT portable CXR Time collected _____
		2. Maintain O ₂ at _____ l/min per nasal cannula.
		3. NPO except for medication / Strict bed rest.
		4. Repeat EKG for persistent pain or change in status: notify EDP.
		5. Vital signs q 15 min and as indicated by patient's condition.
		ADJUNCTIVE DRUG THERAPY: Initiate while awaiting reperfusion decision or transfer out of E.D.
		<input type="checkbox"/> ASA <input type="checkbox"/> 160 MG <input type="checkbox"/> 325 MG <input type="checkbox"/> Chew <input type="checkbox"/> Swallow if not contraindicated
		<input type="checkbox"/> Plavix 75 mg <input type="checkbox"/> $\frac{1}{4}$ or <input type="checkbox"/> $\frac{1}{2}$ po now
		<input type="checkbox"/> Nitrol ointment <input type="checkbox"/> 1/2" or <input type="checkbox"/> 1" topical now
		<input type="checkbox"/> NTG 1/150 gr. SL q 5 min. PRN chest pain x 3 (hold if SBP < 100).
		<input type="checkbox"/> NTG drip (200 mcg/cc) (3cc/hr = 10mcg/min) titrate for chest pain; maintain SBP > 100.
		<input type="checkbox"/> Heparin bolus; _____/kg; or _____ Units IVP.
		<input type="checkbox"/> Heparin drip; 1000 units/hr or _____
		OR (DO NOT GIVE BOTH)
		<input type="checkbox"/> Lovenox 1 mg/kg q 12h s.c. (Indication - Unstable Angina and Non-Q-Wave MI)
		<input type="checkbox"/> Metoprolol 5 mg IV q 5 min x 3 doses; hold if BP systolic < 100 or HR < 45 First dose: If not given, record reason: _____ Second dose: If not given, record reason: _____ Third dose: If not given, record reason: _____
		<input type="checkbox"/> PO dose _____
		<input type="checkbox"/> Mg _____
		<input type="checkbox"/> Ace Inhibitors _____
		<input type="checkbox"/> STAT Cardiology consult with Dr. _____, Record time of first STAT page. Repage
		cardiologist STAT if no response after 5 minutes. Record time of second STAT page. Record time
		cardiology consultation completed by: <input type="checkbox"/> Phone _____ <input type="checkbox"/> personal exam _____
		<input type="checkbox"/> Consult Primary Physician, Dr. _____





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Time	Initial									
		Reperfusion Therapy decision: <input type="checkbox"/> Coronary Thrombolysis <input type="checkbox"/> Cath reperfusion <input type="checkbox"/> Neither Record time of decision. Record reason, if no reperfusion therapy ordered: _____								
		Initiate: _____ PTCA - Notify Cath Lab - Obtain Permit Time initiated _____ _____ TPA Protocols Time initiated _____ _____ Retevasse Protocols Time initiated _____ _____ Other _____ Time initiated _____								
		STAT EKG 90 minutes after thrombolytic therapy initiated. EKG due at _____ Record time EKG completed.								
		Record time of suspected clinical reperfusion (ST segment and chest comfort improvement / resolution) <input type="checkbox"/> spontaneous or <input type="checkbox"/> post thrombolysis								
		PRN MEDICATIONS:								
		TYLENOL 650 mg po q 4 hours PRN headache.								
		Compazine 5 mg in 9cc NS IV q 4 hours PRN nausea. Give over 1 minute. May repeat initial dose x 1 in 5min. if nausea is unrelieved								
		Morphine 2 - 4mg IV q 5-10 min prn pain.								
		Old charts to Chest Pain Center. Send to floor upon admission.								
		Notify MD if: <table border="0"><tr><td>♥ recurrent chest discomfort</td><td>♥ excessive bruising, hematoma / bleeding</td></tr><tr><td>♥ new sustained arrhythmias</td><td>♥ pre-syncope, syncope</td></tr><tr><td>♥ systolic BP <90 or >165</td><td>♥ HR <45 or >120</td></tr><tr><td>♥ dyspnea or O₂ sat <90%</td><td>♥ severe headache or mental status change</td></tr></table>	♥ recurrent chest discomfort	♥ excessive bruising, hematoma / bleeding	♥ new sustained arrhythmias	♥ pre-syncope, syncope	♥ systolic BP <90 or >165	♥ HR <45 or >120	♥ dyspnea or O ₂ sat <90%	♥ severe headache or mental status change
♥ recurrent chest discomfort	♥ excessive bruising, hematoma / bleeding									
♥ new sustained arrhythmias	♥ pre-syncope, syncope									
♥ systolic BP <90 or >165	♥ HR <45 or >120									
♥ dyspnea or O ₂ sat <90%	♥ severe headache or mental status change									
		Disposition: <input type="checkbox"/> Admit to _____ Time _____ <input type="checkbox"/> Transfer to track _____ Per Dr. _____ <input type="checkbox"/> Transfer to: <input type="checkbox"/> Cath Lab <input type="checkbox"/> Other _____								
		Report called to _____ RN LPN								
		Condition: <input type="checkbox"/> Critical <input type="checkbox"/> Serious <input type="checkbox"/> Fair <input type="checkbox"/> Good								
		Record time patient left Chest Pain Center.								

Physician's Signature: _____

Date _____

R.N. Signature: _____

Date _____



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TRACK II - UNSTABLE ANGINA / NON Q WAVE MI

Date	/ /	
Time	Initial	
		1. STAT: CBC, MP7, PT, PTT, Mg, Lipid profile Time collected _____
		2. STAT: & q3 HR. CPK-MB,. Record time collected and results. 0 _____, _____, _____; 3 _____, _____, _____; 6 _____, _____, _____; 9 _____, _____, _____ Time CPK-MB CPK Time CPK-MB CPK Time CPK-MB CPK Time CPK-MB CPK
		3. STAT: & q3 HR. Troponin I. Record time collected and results. (D/C after 1st positive result) 0 _____ / _____, 3 _____ / _____, 6 _____ / _____, 9 _____ / _____
		4. STAT pCXR
		5. Old chart to Chest Pain Center. Send to floor upon admission.
		6. NPO except for medication / bed rest.
		7. Repeat EKG for persistent pain, change in status or symptoms or when clinically indicated.
		8. Vital signs q 15 min x 2, then in 30 min if stable, then q 1 hr and record.
		ADJUNCTIVE DRUG THERAPY:
		<input type="checkbox"/> ASA <input type="checkbox"/> 160 MG <input type="checkbox"/> 325 MG <input type="checkbox"/> Chew <input type="checkbox"/> Swallow if not contraindicated
		<input type="checkbox"/> Plavix 75 mg <input type="checkbox"/> $\dot{\bar{I}}$ or <input type="checkbox"/> $\ddot{\bar{I}}$ po now
		<input type="checkbox"/> Nitrol ointment <input type="checkbox"/> 1/2" or <input type="checkbox"/> 1" topical now
		<input type="checkbox"/> NTG 1/150 gr. SL q 5 min x 3 Until pain relieved or SBP < 100.
		<input type="checkbox"/> NTG drip (200 mcg/cc) (3cc/hr) at 10mcg/hr; titrate for chest pain; maintain BP systolic >100.
		<input type="checkbox"/> Lovenox 1 mg/kg q 12h s.c. (Indication - Unstable Angina and Non-Q-Wave MI)
		OR (DO NOT GIVE BOTH)
		<input type="checkbox"/> Heparin bolus; _____/kg; or _____ Units IVP.
		<input type="checkbox"/> Heparin drip; 1000 units/hr or _____
		Primary Physician Consult with Dr. _____, Record time of first Page.
		Cardiology Consult with Dr. _____, Record time of first Page.
		Record time cardiology consultation completed by: <input type="checkbox"/> Phone _____ <input type="checkbox"/> personal exam _____
		Urgent Cath Lab decision <input type="checkbox"/> Yes <input type="checkbox"/> No



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TRACK II - ACUTE CORONARY SYNDROME		
Date	/ /	
Time	Initial	
		Schedule for test based on consult: _____ Stress Cardiolyte _____ Rest Cardiolyte _____ Echo _____ Thallium _____ None _____ Other _____
		PRN MEDICATIONS:
		TYLENOL 650 mg po q 4 hours PRN headache.
		Compazine 5 mg in 9cc NS IV q 4 hours PRN nausea. Give over 1 minute. May repeat initial dose x 1 in 5 min. if nausea is unrelieved
		Morphine 2 - 4mg IV q 5-10 min prn pain.
		Assess cardiac risk factors
		Notify MD if: <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> ♥ recurrent chest discomfort ♥ new sustained arrhythmias ♥ systolic BP <90 or >165 ♥ dyspnea or O₂ sat <90% <ul style="list-style-type: none"> ♥ excessive bruising, hematoma / bleeding ♥ pre-syncope, syncope ♥ HR <45 or >120 ♥ severe headache or mental status change </div>
		Offer educational handouts / videos as appropriate.
		Disposition: <input type="checkbox"/> Admit to _____ Time _____ <input type="checkbox"/> Transfer to track _____ Per Dr. _____ <input type="checkbox"/> Transfer to: <input type="checkbox"/> Cath Lab <input type="checkbox"/> Other _____
		Report called to _____ RN LPN
		Condition: <input type="checkbox"/> Critical <input type="checkbox"/> Serious <input type="checkbox"/> Fair <input type="checkbox"/> Good
		Record time patient left Chest Pain Center.
		Additional orders:

Physician's Signature: _____

Date _____

R.N. Signature: _____

Date _____



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TRACK III - CHEST PAIN OF PROBABLE CARDIAC ORIGIN

Date	/ /	
Time	Initial	
		1. STAT: CBC, MP7, PT, PTT, Mg, & Lipid profile Time collected _____
		2. STAT: & q3 HR. CPK-MB. Record time collected and results. 0 _____; 3 _____; 6 _____ <small>Time CPK-MB CPK Time CPK-MB CPK Time CPK-MB CPK</small>
		3. STAT: & q3 HR. Troponin I. Record time collected and results. (D/C after 1st positive result) 0 _____/_____, 3 _____/_____, 6 _____/_____, 9 _____/_____
		4. STAT pCXR
		5. Old chart to Chest Pain Center. Send to floor upon admission.
		6. Repeat EKG for persistent pain, change in status or symptoms or when clinically indicated.
		7. Vital signs q 15 min x 2, then in 1 hr if stable, then q 2 hrs if stable and record.
		ADJUNCTIVE DRUG THERAPY:
		<input type="checkbox"/> ASA <input type="checkbox"/> 160 MG <input type="checkbox"/> 325 MG <input type="checkbox"/> Chew <input type="checkbox"/> Swallow if not contraindicated
		<input type="checkbox"/> Plavix 75 mg <input type="checkbox"/> $\frac{1}{1}$ or <input type="checkbox"/> $\frac{1}{1}$ po now
		<input type="checkbox"/> Nitrol ointment <input type="checkbox"/> 1/2" or <input type="checkbox"/> 1" topical now
		<input type="checkbox"/> NTG 1/150 gr. SL q 5 min x 3 until pain relieved or SBP < 100.
		Diet _____
		Activity _____
		Assess cardiac risk factors.
		PRN MEDICATIONS:
		<input type="checkbox"/> Tylenol 650 mg po prn H/A.
		<input type="checkbox"/> Compazine 5 mg in 9 cc NS IV q 4 hours PRN nausea. Give over 1 minute. May repeat initial dose x 1 in 5 min if nausea is unrelieved.
		<input type="checkbox"/> Morphine 2 - 4 mg IV q 5 - 10 min prn.
		Offer educational handouts / videos as appropriate.
		Consulted with _____ M.D. <input type="checkbox"/> Primary <input type="checkbox"/> On Call
		Schedule for test based on consult: _____ Stress Cardiolyte _____ Rest Cardiolyte _____ Echo _____ Thallium _____ None _____ Other _____



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TRACK III CHEST PAIN OF PROBABLE CARDIAC ORIGIN

Date	/ /	
Time	Initial	
		20. Disposition: <input type="checkbox"/> Admit to _____ Time _____ <input type="checkbox"/> Transfer to Track _____ <input type="checkbox"/> Transfer to main E.D. _____ <input type="checkbox"/> Transfer _____ <input type="checkbox"/> Discharge _____ <input type="checkbox"/> Refer to Cardiac Rehab <input type="checkbox"/> For Consultation <input type="checkbox"/> For Exercise Program <input type="checkbox"/> Other _____
		Report called to _____ RN LPN
		Condition: <input type="checkbox"/> Critical <input type="checkbox"/> Serious <input type="checkbox"/> Fair <input type="checkbox"/> Good
		Record time patient left Chest Pain Center.
		Additional orders:

Physician's Signature: _____

Date _____

R.N. Signature: _____

Date _____



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TRACK IV CHEST PAIN OF PROBABLE NON - CARDIAC ORIGIN

Date	/ /	
Time	Initial	
		1. Activity as tolerated.
		2. <input type="checkbox"/> CBC Time Collected _____ <input type="checkbox"/> PT Time Collected _____ <input type="checkbox"/> MP 13 Time Collected _____ <input type="checkbox"/> PTT Time Collected _____ <input type="checkbox"/> Mg Time Collected _____ <input type="checkbox"/> Lipid Prof. Time Collected _____ <input type="checkbox"/> MP7 Time Collected _____ <input type="checkbox"/> U / A Time Collected _____ <input type="checkbox"/> Port Chest <input type="checkbox"/> PA / Lat Chest
		3. Vital Signs q 15 min x 2, then in 1 hr if stable, then q 2 hrs if stable and record.
		4. <input type="checkbox"/> O ₂ at _____ L/min by nasal cannula.
		5. Old chart to Chest Pain Center. Send to floor upon admission.
		6. Repeat EKG for persistent pain, change in status or symptoms or when clinically indicated.
		7. Diet _____
		8. Assess cardiac risk factors.
		9. Offer educational handouts / videos as appropriate.
		10. Consulted with _____ M.D. <input type="checkbox"/> Primary <input type="checkbox"/> On Call
		11. Disposition: <input type="checkbox"/> Admit to _____ Time _____ <input type="checkbox"/> Transfer to Track _____ <input type="checkbox"/> Transfer to main E.D. _____ <input type="checkbox"/> Transfer _____ <input type="checkbox"/> Discharge _____
		Report called to _____ RN LPN
		12. Condition: <input type="checkbox"/> Critical <input type="checkbox"/> Serious <input type="checkbox"/> Fair <input type="checkbox"/> Good
		13. <input type="checkbox"/> Refer to Cardiac Rehab Follow up with Appt. With _____ <input type="checkbox"/> Refer to Wellness Center _____
		14. Record time patient left Chest Pain Center
		15. Additional Orders: _____ _____ _____ _____

Physician's Signature: _____

Date _____

R.N. Signature: _____

Date _____

