

ADMISSION

All Patients Require Clinical Documentation to support the admission type chosen below

Admission Status

For Medicare FFS Patients:

- * Outpatient
- * Place in Observation
- * Admit as Inpatient - Clinically supported expectations of at least two midnight stay.
- * Admit as Inpatient - Clinically supported expectations of an additional midnight stay.
- * Admit as Inpatient - Patient admitted for procedure on OPPI inpatient only list.

For Non - Medicare FFS Patients:

- * Outpatient
- * Place in Observation
- * Admit as Inpatient

- ADMIT TO UNIT
- ADMIT TO SERVICES OF:
- CONSULT CARDIOLOGIST

PROTOCOLS

- PROTOCOL CHEST PAIN (IMPLEMENT ACUTE CHEST PAIN PROTOCOL for all incidence of: NEW ONSET, INCREASING or RECURRENT CHEST PAIN)
- PROTOCOL (ACLS PROTOCOLS FOR CARDIAC DYSRHYTHMIA/HYPOTENSION)

SERIAL 12 LEAD ECGs

- EKG (SERIAL 12 LEAD FOR NEW ONSET, INCREASING or RECURRENT CHEST PAIN - FOLLOW ACUTE CHEST PAIN PROTOCOL)
- EKG (SERIAL 12 LEAD FOR STEADY, UNCHANGING CHEST PAIN: EVERY 30 MINUTES OR SOONER (New ST SEGMENT ELEVATION: IMPLEMENT ACUTE CHEST PAIN PROTOCOL)(NEW ST-T WAVE CHANGES: NOTIFY PHYSICIAN))
- EKG (SERIAL 12 LEAD FOR DECREASING OR NO CHEST PAIN: AT 3 AND 6 HOURS AFTER INITIAL ECG IN ER)

LABS

- TROPONIN I QUANT STAT and UNLESS DONE IN ER AND THEN REPEAT (TIMED) IN 3 , 6 AND 12 HOURS
- CPK-MB STAT and UNLESS DONE IN ER THEN REPEAT (TIMED) IN 3, 6, AND 12 HOURS
- IF (TROPONIN AND OR CK/MB , IF ORDERED) RESULT IS POSITIVE NOTIFY CARDIOLOGIST)
- BASIC METABOLIC PANEL today
- LIPID PANEL in AM CARDIAC LIPID PANEL
- CBC W/DIFF AUTOMATED today

ECG MONITORING

- CONTINUOUS ECG MONITORING MINIMUM DURATION: UNTIL ALL SERIAL TROPONINS ARE NEGATIVE

INTRAVENOUS THERAPY

- sodium chloride 0.9 % KVO IV
- OTHER IV FLUIDS
- SALINE LOCK (Minimum 20G IV catheter (Flush with 3-5 ml NS Every 8 hours if no maintenance fluids)
- Normal Saline Flush (sodium chloride 0.9 %) 3-5 ML IV Q8H (FLUSH HEPLOCK)

DIET

- DIET Cardiac
- DIET 1800 CALORIE DIABETIC CARDIAC DIET
- DIET
- NPO AFTER MIDNIGHT ON

ACTIVITY

- ACTIVITY Up ad lib
- ACTIVITY Bed Rest
- ACTIVITY Bed Rest, WITH BATHROOM PRIVILGES

VITAL SIGNS

- VITAL SIGNS INCLUDE: BP, PULSE, RESPIRATIONS, SAO2, CHEST PAIN LEVEL 0 - 10 SCALE
- VITAL SIGNS UPON ARRIVAL TO CHEST PAIN UNIT AND HEN AT 3 AND 6 HOURS THEN 8 HOURS
- VITAL SIGNS STAT FOR NEW ONSET, INCREASING, or RECURRENT CHEST PAIN: THEN Q15 MINUTES UNTIL SYMPTOMS RESOLVE

OXYGEN

- OXYGEN 2-4 Liters/Min; 94 %; Nasal Cannula

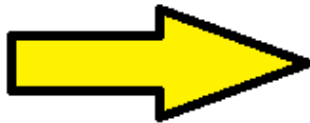
ASPIRIN

- Ecotrin TbEC (aspirin) 162MG ORAL DAILY X 2 doses (UNLESS ALLERGY/CONTRAINDICATED)
- Ecotrin TbEC (aspirin) 81MG ORAL DAILY (if patient on Brilinta/Ticagrelor ONLY give 81mg daily MAX)
- Aspirin Contraindication:

MEDICATION

- Nitrostat Subl (nitroglycerin) 0.4MG SUBLINGUAL q5m X 3 doses PRN chest pain (FOLLOW ACUTE CHEST PAIN PROTOCOL)
- Restoril cap (temazepam) 15MG ORAL HS PRN insomnia (MAY REPEAT X1)
- Mag-Al Plus Susp 200-200-20 mg/5 mL (alum-mag hydroxide-simeth) 30ML ORAL Q4H PRN gastric pain
- Milk of Magnesia Susp 400 mg/5 mL (magnesium hydroxide) 30ML ORAL DAILY PRN constipation
- Xanax (ALPRAZolam) 0.25MG ORAL Q6H PRN anxiety (OR RESTLESSNESS)
- ADDITIONAL MEDICATIONS

ADDITIONAL DIAGNOSTIC STUDIES



- CHEST PA & LATERAL today
- CARDIAC STRESS TEST today
- CARDIAC STRESS TEST - outpatient, within 72 hours of discharge
- NUCLEAR STRESS TEST today
- CT HEART WO DYE; QUAL CALC today
- CT HEART WWO DYE FUNCT today
- CARDIAC CATH
- ECHO 2D&M COMPLETE
- Other Diagnostic Study

TRANSFER ORDERS

- TRANSFER TO

DISCHARGE INSTRUCTIONS

- DISCHARGE PATIENT

ADDITIONAL ORDERS

- Other...

THROMBOLYSIS IN MYOCARDIAL INFARTION (TIMD) ACS RISK STRATIFICATION TOOL

ONE POINT IS ASSIGNED FOR EACH POSITIVE VALUE IN THE SEVEN CRITERIA LISTED BELOW

<input type="checkbox"/> AGE 65 OR OLDER	1 POINT
<input type="checkbox"/> CHEST PAIN / PRESSURE WITHIN THE LAST 24 HOURS	1 POINT
<input type="checkbox"/> 3 OR MORE RISK FACTORS FAMILY HX OF CAD DIABETES MELLITUS HYPERCHOLESTEROLEMIA SMOKING HYPERTENSION	1 POINT
<input type="checkbox"/> PREVIOUSLY DIAGNOSED CORONARY ARTERY DISEASE	1 POINT
<input type="checkbox"/> ASPIRIN TAKEN IN THE LAST 24 HOURS	1 POINT
<input type="checkbox"/> ST SEGMENT DEVIATION (ELEVATION OR DEPRESSION) EQUAL TO OR GREATER THAN 0.5 mm	1 POINT
<input type="checkbox"/> ELEVATED TROPONIN LEVEL (ANY ABOVE YOUR INSTITUTION'S NORMAL RANGES)	1 POINT
<input type="checkbox"/> TOTAL SCORE	

ACS RISK TABLE

SCORE	RISK OF DEATH MI OR URGENT NEED FOR REVASCULARIZATION WITHIN NEXT 14 DAYS	RISK STATUS
0 - 2	5 - 8 PERCENT	LOW
3 - 4	13 - 20 PERCENT	INTERMEDIATE
5 - 7	26 - 41 PERCENT	HIGH