



## **DOWNTIME Physician Order CARD Acute ST Elevation MI STEMI**

<b>Drug Allergies:</b> Review patient allergies in power chart or in the electronic medical record (EMR) prior to prescribing / administering medications.		<input type="checkbox"/> Faxed to Pharmacy Date: _____ Init.: _____	Height _____ cm	Weight _____ kg
<b>Clinical Category</b>	<b>Order</b>			<b>Placed in CP</b>
<b>ADT/Communication</b>	<ul style="list-style-type: none"> <li>▪ Patient Status <ul style="list-style-type: none"> <li><input type="checkbox"/> ASC</li> <li><input type="checkbox"/> Extended Recovery</li> <li><input type="checkbox"/> Observation Services</li> <li><input type="checkbox"/> Inpatient Admission</li> <li><input type="checkbox"/> CCU Admit as Inpatient</li> </ul> </li> <li><input type="checkbox"/> History and Physical by House Physician</li> </ul>			
<b>Vital Signs</b>	<ul style="list-style-type: none"> <li>▪ Constant Order, PRN and every 4 hours when stable, include Pulse ox with VS, notify if SpO2 less than 92% - Pulse Ox with VS</li> </ul>			
<b>Activity</b>	<ul style="list-style-type: none"> <li>▪ Activity as Tolerated Constant Order, with assistance</li> <li>▪ Bathroom Privileges Constant Order, bedside commode</li> </ul>			
<b>Patient Care</b>	<input type="checkbox"/> Intake and Output Strict I&O			
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>▪ Diet Order - Comments: May resume caffeinated beverages after stress test or if no stress test will be done <ul style="list-style-type: none"> <li><input type="checkbox"/> Cardiac   with No Caffeine or Decafe Bev</li> <li><input type="checkbox"/> Cardiac   with No Caffeine or Decafe Bev, 2gm Sodium</li> <li><input type="checkbox"/> Cardiac   with No Caffeine or Decafe Bev, General Carb Controlled</li> <li><input type="checkbox"/> Cardiac   with No Caffeine or Decafe Bev, Consist Carb 3 Carbs/Meal (1200-1500ADA)</li> <li><input type="checkbox"/> Cardiac   with No Caffeine or Decafe Bev, Consist Carb 4 Carbs/Meal (1600-1900ADA)</li> <li><input type="checkbox"/> Cardiac   with No Caffeine or Decafe Bev, Consist Carb 5 Carbs/Meal (2000-2400ADA)</li> </ul> </li> <li><input type="checkbox"/> Diet Order 1500mL Dietary Fluid Allotment - FLUID RESTRICTION</li> </ul>			
<b>IV Infusions</b>	<p><b>Refer to MED SSI Sliding Scale Insulin Orderset for Diabetics (Pull SSI Sliding Scale Insulin order 163284X)</b></p> <p>Saline Lock Peripheral with Saline Flush Q Shift and PRN—(pull Standard IV Catheter Flush Orders 217663X)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Integrilin 75mg 100 ML, IV, pharmacist to calculate, Total Volume (mL): 100 Comments: concentration: 750mcg/ml; dosage per protocol drip at 2mcg/kg/min; if CrCl less than 50ml/min, then rate @ 1mcg/kg/min; concentration: 750mcg/ml; DAILY CBCND while on Integrilin.</li> <li><input type="checkbox"/> Reopro 9mg/ D5W 250ml DRIP (IVS)* Dextrose 5% IV Comments: DAILY CBCND while on Reopro</li> <li><input type="checkbox"/> DOPamine Standard Drip 500 ML, IV, titrate Comments: concentration 1.6mg/ml dosing per protocol</li> <li><input type="checkbox"/> NS 1,000 ML, IV, 2 Dose(s), Rate: 80 mL/hr</li> <li><input type="checkbox"/> 1/2 NS 1,000 ML, IV, 2 Dose(s), Rate: 80 mL/hr</li> </ul>			
<b>Medications</b>	<p><b>VTE Prophylaxis</b></p> <p><b>VIEW RELATED RESULTS FOR VTE RISK / SCORE – (Pull VTE Prophylaxis Order 161628X)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contraindication to Pharmacologic Prophylaxis <ul style="list-style-type: none"> <li><input type="checkbox"/> Contraindication, to Pharmacologic Prophylaxis</li> <li><input type="checkbox"/> Currently on, anticoagulant (Lovenox, Heparin, Coumadin, Argatroban or Arixtra)</li> </ul> </li> <li><input type="checkbox"/> LOW RISK VTE - SUBPHASE</li> <li><input type="checkbox"/> MODERATE RISK VTE - Lovenox ONLY - SUBPHASE</li> <li><input type="checkbox"/> MODERATE RISK VTE - SCDs ONLY - SUBPHASE</li> <li><input type="checkbox"/> HIGH RISK VTE - Lovenox AND SCDs - SUBPHASE</li> </ul>			

Physician Signature: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_





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Clinical Category	Order	Placed in CP
Medications continued	<p><b>Continue medications as started in the ED.</b></p> <p><b>Salicylates</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> aspirin 325 mg, Tablet EC, ORAL, DAILY WITH BREAKFAST</li> <li><input type="checkbox"/> Core Measure Contraindications <ul style="list-style-type: none"> <li><input type="checkbox"/> Excessive Bleeding</li> <li><input type="checkbox"/> Intolerance / Allergy Aspirin</li> <li><input type="checkbox"/> On Coumadin upon Arrival</li> </ul> </li> </ul> <p><b>Angiotensin-Converting Enzyme Inhibitors</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prinivil <ul style="list-style-type: none"> <li><input type="checkbox"/> 2.5 mg, Tablet, ORAL, DAILY</li> <li><input type="checkbox"/> 5 mg, Tablet, ORAL, DAILY</li> <li><input type="checkbox"/> 10 mg, Tablet, ORAL, DAILY</li> <li><input type="checkbox"/> 10 mg, Tablet, ORAL, BID</li> <li><input type="checkbox"/> 20 mg, Tablet, ORAL, DAILY</li> <li><input type="checkbox"/> 20 mg, Tablet, ORAL, BID</li> <li><input type="checkbox"/> 40 mg, Tablet, ORAL, DAILY</li> </ul> </li> <li><input type="checkbox"/> Vasotec <ul style="list-style-type: none"> <li><input type="checkbox"/> 2.5 mg, Tablet, ORAL, DAILY</li> <li><input type="checkbox"/> 1.25 mg, Injection, IV Push, PRN, PRN: See Note Line Comments: SBP greater than 160 mmHg</li> <li><input type="checkbox"/> 5 mg, Tablet, ORAL, BID</li> <li><input type="checkbox"/> 5 mg, Tablet, ORAL, DAILY</li> <li><input type="checkbox"/> 10 mg, Tablet, ORAL, BID</li> <li><input type="checkbox"/> 10 mg, Tablet, ORAL, DAILY</li> <li><input type="checkbox"/> 20 mg, Tablet, ORAL, BID</li> <li><input type="checkbox"/> 20 mg, Tablet, ORAL, DAILY</li> </ul> </li> <li><input type="checkbox"/> Core Measure Contraindications <ul style="list-style-type: none"> <li><input type="checkbox"/> Hyperkalemia</li> <li><input type="checkbox"/> Renal Dysfunction</li> <li><input type="checkbox"/> Bilateral Renal Artery Stenosis</li> <li><input type="checkbox"/> Hypotension</li> <li><input type="checkbox"/> Moderate Severe Aortic Stenosis</li> <li><input type="checkbox"/> Allergy / Intolerance of ACEi and ARB</li> </ul> </li> </ul> <p><b>Angiotensin Receptor Blockers</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cozaar <ul style="list-style-type: none"> <li><input type="checkbox"/> 25 mg, Tablet, ORAL, DAILY BEFORE BREAKFAST</li> <li><input type="checkbox"/> 12.5 mg, Tablet, ORAL, DAILY BEFORE BREAKFAST</li> <li><input type="checkbox"/> 50 mg, Tablet, ORAL, BIDAC</li> <li><input type="checkbox"/> 50 mg, Tablet, ORAL, DAILY BEFORE BREAKFAST</li> <li><input type="checkbox"/> 50 mg, Tablet, ORAL, ONCE</li> <li><input type="checkbox"/> 100 mg, Tablet, ORAL, DAILY BEFORE BREAKFAST</li> </ul> </li> </ul> <p><b>Beta Blockers</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toprol-XL <ul style="list-style-type: none"> <li><input type="checkbox"/> 25 mg, Tablet CR, ORAL, BIDWM</li> <li><input type="checkbox"/> 25 mg, Tablet CR, ORAL, DAILY WITH BREAKFAST</li> <li><input type="checkbox"/> 12.5 mg, Tablet CR, ORAL, DAILY WITH BREAKFAST</li> <li><input type="checkbox"/> 50 mg, Tablet CR, ORAL, BIDWM</li> <li><input type="checkbox"/> 50 mg, Tablet CR, ORAL, DAILY WITH BREAKFAST</li> <li><input type="checkbox"/> 75 mg, Tablet CR, ORAL, DAILY WITH BREAKFAST</li> <li><input type="checkbox"/> 100 mg, Tablet CR, ORAL, DAILY WITH BREAKFAST</li> <li><input type="checkbox"/> 200 mg, Tablet CR, ORAL, DAILY WITH BREAKFAST</li> </ul> </li> </ul>	

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<b>Medications continued</b>	<input type="checkbox"/> Lopressor <input type="checkbox"/> 25 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 50 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 75 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 100 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 5 mg, Injection, IV Push, Q3HOURS <input type="checkbox"/> 5 mg, Injection, IV Push, Q4HOURS <input type="checkbox"/> 5 mg, Injection, IV Push, Q6HOURS <input type="checkbox"/> 5 mg, Injection, IV Push, Q4HOURS, PRN: See Note Line - for HR above 100  <input type="checkbox"/> Tenormin <input type="checkbox"/> 25 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 25 mg, Tablet, ORAL, BID <input type="checkbox"/> 12.5 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 50 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 50 mg, Tablet, ORAL, BID <input type="checkbox"/> 100 mg, Tablet, ORAL, DAILY  <input type="checkbox"/> Coreg <input type="checkbox"/> 3.125 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 6.25 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 12.5 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 18.75 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 25 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 37.5 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 50 mg, Tablet, ORAL, BIDWM  <input type="checkbox"/> Core Measure Contraindications <input type="checkbox"/> Severe Reactive Airway Disease <input type="checkbox"/> Hypotension <input type="checkbox"/> Bradycardia / Heart Block <input type="checkbox"/> Allergy / Intolerance of Beta Blocker  <b>Nitrates</b> <input type="checkbox"/> Imdur <input type="checkbox"/> 30 mg, Tablet CR, ORAL, DAILY BEFORE BREAKFAST <input type="checkbox"/> 15 mg, Tablet CR, ORAL, DAILY BEFORE BREAKFAST <input type="checkbox"/> 60 mg, Tablet CR, ORAL, DAILY BEFORE BREAKFAST <input type="checkbox"/> 90 mg, Tablet CR, ORAL, DAILY BEFORE BREAKFAST  <input type="checkbox"/> Nitropaste 2% 1 in, Ointment, Topical, Q6HOURS  <b>NitroDur (nitroglycerin) Patch</b> <input type="checkbox"/> Nitro-Dur <input type="checkbox"/> 0.1 mg, Patch, Transderm, DAILY <input type="checkbox"/> 0.2 mg, Patch, Transderm, DAILY <input type="checkbox"/> 0.3 mg, Patch, Transderm, DAILY <input type="checkbox"/> 0.4 mg, Patch, Transderm, DAILY <input type="checkbox"/> 0.6 mg, Patch, Transderm, DAILY <input type="checkbox"/> NITROGLYCERIN REMOVE PATCH <input type="checkbox"/> 1 patch(es), Patch, Transderm, QHS <input type="checkbox"/> 1 patch(es), Patch, Transderm, DAILY <input type="checkbox"/> NITROGLYCERIN PATCH SITE CHECK 1 patch(es), Transderm, Q8HOURS <input type="checkbox"/> nitroglycerin drip 250 ML, IV, titrate - concentration 0.2mg/ml, dose per protocol	

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<b>Medications continued</b>	<p><b>HMG-CoA Reductase Inhibitors</b></p> <p><input type="checkbox"/> Crestor</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 20 mg, Tablet, ORAL, QHS</li> <li><input type="checkbox"/> 5 mg, Tablet, ORAL, QHS</li> <li><input type="checkbox"/> 10 mg, Tablet, ORAL, QHS</li> <li><input type="checkbox"/> 40 mg, Tablet, ORAL, QHS</li> </ul> <p><input type="checkbox"/> Pravachol</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 40 mg, Tablet, ORAL, QHS</li> <li><input type="checkbox"/> 10 mg, Tablet, ORAL, QHS</li> <li><input type="checkbox"/> 20 mg, Tablet, ORAL, QHS</li> <li><input type="checkbox"/> 80 mg, Tablet, ORAL, QHS</li> </ul> <p><input type="checkbox"/> Zocor</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 40 mg, Tablet, ORAL, QHS</li> <li><input type="checkbox"/> 10 mg, Tablet, ORAL, QHS</li> <li><input type="checkbox"/> 20 mg, Tablet, ORAL, QHS</li> <li><input type="checkbox"/> 80 mg, Tablet, ORAL, QHS</li> </ul> <p><input type="checkbox"/> Core Measure Contraindications</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not Tolerated</li> <li><input type="checkbox"/> Elevated Liver Enzymes</li> <li><input type="checkbox"/> Allergy / Intolerance of Lipid Agents</li> </ul> <p><b>Non-Thrombolytic Anticoagulation</b></p> <p><input type="checkbox"/> MED Heparin Infusion (order # 217892X)</p> <p><b>PRN Medications</b></p> <ul style="list-style-type: none"> <li>▪ nitroglycerin 0.4 mg, Tablet, Sublingual, Q5MIN, PRN: Chest Pain</li> <li><input type="checkbox"/> nitroglycerin drip 250 ML, IV, titrate - concentration 0.2mg/ml, dose per chest pain protocol</li> <li>▪ morphine 2 mg, Injection, IV Push, Q5MIN, PRN: Chest Pain</li> <li style="padding-left: 20px;">Comments: RANGE ORDER: max. dose 10mg q 1 hr PRN for chest pain not relieved with Nitroglycerin</li> <li><input type="checkbox"/> Compazine 5 mg, Injection, IV Push, Q4HOURS, PRN: Nausea-Compazine also on RAMO x2 doses</li> <li><input type="checkbox"/> Prilosec 20 mg, Capsule, ORAL, DAILY BEFORE BREAKFAST - for Ulcer Prophylaxis if indicated</li> <li>▪ RAMO PRN Medications SUBPHASE – <b>(Pull RAMO Order 217243X)</b></li> </ul>	
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>▪ Misc Nursing Task, Order Repeat Labs, S. Cardiac and Troponin Q 6 h x 2. Start 6 hrs after initial set.</li> <li>▪ LIPID PANEL ROUTINE, T+1;0500 – Comments: 12 hour fasting</li> <li><input type="checkbox"/> COMPMETA STAT</li> <li><input type="checkbox"/> BASICMETA ROUTINE – Comments: if not done in ED</li> <li><input type="checkbox"/> Communication Order Constant Order, Daily CBCND while on Integrilin or Reopro.</li> <li><input type="checkbox"/> CBCWD STAT - Notify Physician if platelet count drops 25% from baseline or below 100,000</li> <li>▪ CBCND ROUTINE - Notify Physician if platelet count drops 25% from baseline or below 100,000</li> <li>▪ Notify Provider Laboratory Results; Notify Physician if platelet count drops 25% from baseline or below 100,000, Constant Indicator</li> <li><input type="checkbox"/> MG STAT</li> <li><input type="checkbox"/> MG ROUTINE, T+1;0500</li> <li>▪ Communication Order Constant Order, H&amp;H ROUTINE BID x 2 for patients who received Retavase., Start 12 hours after Retavase completed.</li> <li><input type="checkbox"/> FT4 ROUTINE – Comments: if not done in the last year</li> <li><input type="checkbox"/> TSH ROUTINE – Comments: if not done in the last year</li> <li>▪ Misc Nursing Task Order HgA1C, T+1;0500, if Fasting Blood Sugar is greater than 150</li> </ul>	

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<b>Other Diagnostic Procedures</b>	<input type="checkbox"/> EKG STAT <ul style="list-style-type: none"> <li>▪ EKG T+1;0600, Routine</li> <li>▪ EKG T+2;0600, Routine</li> </ul> <input type="checkbox"/> ECHO with Definity SUBPHASE <p><b>Medications</b></p> <ul style="list-style-type: none"> <li>▪ Definity 2 ML, Injection, IV Push, ONCE, PRN: See Note Line. Dose per protocol.</li> </ul> <p><b>Other Diagnostic Procedures</b></p> <ul style="list-style-type: none"> <li>▪ Echo Routine</li> <li>▪ Echo Acute MI <i>Comments: Echo if not done in last 6 months.</i></li> <li>▪ STATCARE Chest Pain For chest pain, Obtain EKG.   If unrelieved after 3 Nitroglycerin</li> </ul>	
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>▪ Oxygen Therapy Nasal Cannula, Constant Order, 2-5 L NC PRN (if pt has COPD, oxygen at 2 L NC)</li> </ul>	
<b>Consults</b>	<ul style="list-style-type: none"> <li>▪ Cardiac Rehab Consult Phase I and II MI/Post Intervention</li> </ul>	
<b>Patient Education</b>	<ul style="list-style-type: none"> <li>▪ Education Cardiac BID</li> </ul>	

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