Southwest General
Partnering with University Hospitals
18697 Bagley Road
Middleburg Heights, Ohio 44130

Physicians Order
Unstable Angina / NSTEMI

☐ FAX to Pharmacy Initials: _____ Date: _____

Drug Allergies: Review patient allergies in power chart or refer to allergy / home medication tab in the medical record prior to prescribing / administering medications	Height _____	Weight _____

Admit *(inpatient or observation):* _____

Diagnosis:	☐ Unstable Angina ☐ NSTEMI
Vital Signs:	▪ Per unit standards with continuous cardiac monitoring ▪ Continuous cardiac monitoring ▪ H&P by: _____
Diet:	▪ Cardiac Diet (no caffeine or decaffeinated beverages). May resume decaffeinated beverages after stress test or if no stress test will be done.
Activity:	Activity as tolerated ☐ Other:
IV Therapy:	Saline Lock peripheral IV. Flush q shift ☐ Other:
Respiratory	▪ If patient used tobacco within the past 12 months, and desires smoking cessation counseling, consult Pulmonary Rehab Specialist. ▪ Pulse oximetry every shift and PRN. Notify physician if less than 92% on room air. ▪ ABG's if SPO_2 less than 92%. Notify physician of results. ▪ Oxygen 2 to 5 L NC PRN (if patient has COPD, oxygen at 2 L NC)
Labs:	▪ **If not done in the ED:** STAT cardiac order set (EKG, CBCWD, APTT, PROX, CMP, Magnesium, Troponin, S Cardiac) ▪ Repeat S Cardiac and Troponin Q 6 hours x 2. ▪ 12 hour Fasting Lipid Panel, if not done within the last 6 months. ▪ FrT4 and TSH if not done in last one year ▪ ***Fasting Blood Sugar in AM if initial Blood Sugar is greater than 150.*** ▪ ***HgA1C if Fasting Blood Sugar is greater than 150.***
Diagnostic Studies:	▪ **If not done in Emergency Department** CXR Chest Pain ▪ Repeat EKG x 1 in AM after Admission order set ▪ EKG PRN for Chest pain if unrelieved after 3 Nitroglycerin ▪ Echo if not done in last 6 months ▪ Obtain last Echo report if done at Southwest General Health Center
Consult:	▪ Cardiac Rehabilitation for CAD teaching if patient has CAD or 3 or more coronary risk factors ▪ Diabetic ▪ Smoker within the prior 12 mos. ▪ Family history of cardiac disease ▪ Hyperlipidemia ▪ Hypertension ▪ Stress ▪ Obesity
Medications:	▪ ASA 324 mg chewed (4 baby ASA) x 1 on admission **if not given in ER** (unless allergic or contraindicated) ▪ EC ASA 325 mg PO every day starting first day after admit (unless allergic or contraindicated) ☐ **ACE Inhibitor / ARB if LVEF less than or equal to 40%:** _____ ☐ Contraindicated ☐ **Beta Blocker:** _____ ☐ Contraindicated ☐ **Nitrate:** _____ ☐ **Statin:** _____ ☐ Contraindicated **Non-thrombolytic Anticoagulation:** ☐ Enoxaparin (Lovenox) 1 mg per Kg subcut. Q 12h pharmacy to dose for Renal impairment ☐ Implement Cardiac Thrombolytic Heparin Protocol orders (155010X) **PRN Medications:** ▪ RAMO and Emergency Treatment orders as needed ▪ Nitroglycerin 0.4 mg SL PRN q 5 min up to 3 tablets if systolic blood pressure is greater than 100 mmHg for chest pain followed by Nitroglycerin IV 50 mg in 250 mL D5W titrated per Chest Pain Protocol. ▪ Morphine sulfate 2 mg IVP q 5 min prn chest pain up to max of 10 mg every 1 hour prn for chest pain not relieved with Nitroglycerin. ▪ Referenced Emergency Arrhythmia Meds may be given on all 2 North patients per 2 North Structure Standards. **Others:** ☐ Pantoprazole (Protonix) 40 mg PO daily for Ulcer Prophylaxis if indicated ▪ Continue medications as started in the Emergency Department (ED). See ED chest pain orders, admission section for specific infusions to be continued in destination department.)
Nursing:	▪ I & O for patients with Renal Failure, continuous IV fluids or on PO or IV diuretics
Other:	▪ Initiate Unstable Angina or Acute Non-ST Elevation MI (NSTEMI) Care Path for diagnosis of Unstable Angina / Acute Coronary Syndrome / NSTEMI

Physician Signature:_____ **ID#:**_____ **Date:**_____ **Time:**_____

164074X MEC 0809