

LOW RISK CHEST PAIN ORDERS

= preselected based on evidence based medicine. To deselect, strike line through order, initial, date & time
 = check to select order

DATE / TIME

Status (circle one): Inpatient Observation Outpatient

Location (circle one): ICU CPCU Med/Surg

Admit to service of Dr: _____

Consult Cardiology Dr: _____

Protocols:

**IMPLEMENT ACUTE CHEST PAIN PROTOCOL for all incidence of:
NEW ONSET, INCREASING or RECURRENT CHEST PAIN**

ACLS Protocols for Cardiac Dysrhythmias / Emergencies:

Serial 12 Lead ECGs:

**NEW ONSET, INCREASING or RECURRENT CHEST PAIN -
Follow Acute Chest Pain Protocol**

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)

DECREASING or NO CHEST PAIN: at 3 and 6 hours after INITIAL ECG in ER

Labs:

- Troponin STAT (unless done in ER), then repeat (timed) in 3 and 6 hours.
- If Troponin (and/or CK/MB, if ordered) result is "positive," notify Cardiologist
- CK/MB STAT (unless done in ER), then repeat (timed) in 3 and 6 hours
- Cardiac Lipid Profile in AM - (check "NPO after Midnight" if Fasting Lipid Profile is desired).
- CBC in: _____
- BMP in: _____
- other: _____

ECG Monitoring:

Continuous ECG Monitoring. Minimum duration: until all serial troponins are "NEGATIVE."

Intravenous Therapy:

- NS KVO or HEPLOCK, minimum 20g IV catheter
(If HEPLOCK, flush with 3 - 5 cc NS every 8 hours).
- Other: _____

Diet:

- Cardiac Diet
- 1800 Calorie Diabetic Cardiac Diet
- Other: _____
- NPO after Midnight on ____/____/____

Activity:

- Up ad lib
- Bedrest with bathroom privileges
- Bedrest

Vital Signs:

- Vital Signs include: BP, Pulse, Respirations, SAO2, **Chest Pain Level on 0 -10 scale**
- upon arrival in Chest Pain Unit, and then at 3 and 6 hours, then every 8 hours
- For NEW ONSET, INCREASING or RECURRENT CHEST PAIN: STAT vital signs then every 15 minutes until symptoms resolve

Oxygen:

O2 PRN 2-4 Litres via Nasal Canula to keep SAO2 O2 >94%

PHYSICIAN SIGNATURE:

Bayfront Health Dade City

DATE: TIME:

PATIENT IDENTIFICATION

DATE / TIME _____

Medications:

ALLERGY STATUS: NKDA or ALLERGIES: _____

ASPIRIN Aspirin 325 mg EC PO once daily unless allergy / contraindicated

CHOOSE Aspirin 325 mg EC PO x 1 loading dose with ticagrelor (Brilinta) loading dose
 Aspirin 81mg EC PO Daily (if patient on ticagrelor [Brilinta] the daily maximum maintenance dose is 81mg)

NTG for Chest Pain: FOLLOW ACUTE CHEST PAIN PROTOCOL

Continue Home Medications (as described below):

Temazepam (Restoril) 15 mg PO PRN for insomnia, may repeat X1 if ineffective in one hour

Maalox 30 ml PO Q4 hours PRN for gastric pain

Magnesium hydroxide (MOM) 30ml PO Daily PRN for constipation

Xanax 0.25 mg PO Q6 hours PRN for anxiety / restlessness

Additional Meds / Home Meds Ordered (describe below):

Medication:	Dose:	Route of Adm:	Frequency:

ACS Risk Stratification (HEART Score):

Calculate HEART Score at 0 and 3 hours using HEART Score nomogram:

Category	Descriptor	POINTS
HISTORY	Highly Suspicious (Typical ACS Symptoms)	2
	Moderately Suspicious (Atypical ACS Symptoms)	1
	Slightly / not suspicious	0
ECG	ST Deviation (> 0.5mm)	2
	Non-specific repolarization abnormality	1
	Normal	0
AGE	65 years or greater	2
	>45 - <65 years	1
	45 or less years	0
RISK	3 or more Risk Factors for CAD	2
	1 or 2 Risk Factors for CAD	1
	No Risk Factors	0
TROPONIN	3x or more normal limit	2
	>1 and <3x normal limit	1
	1x or less normal limit	0

HEART Pathway

If HEART Score 3 or less and 0 and 3 hour Troponin NEGATIVE consider discharge

IF HEART Score 4 or more and/or 0 and/or 3 hour Troponin >1.0x normal, cardiology consult, and do not discharge patient.

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