## 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 OPFS inpatient only list.

**For Non - Medicare FFS Patients:**
- [ ] * Outpatient
- [ ] * Place in Observation
- [ ] * Admit as Inpatient

- [ ] ADMIT TO UNIT
- [ ] ADMIT TO SERVICES OF:
- [x] CONSULT CARDIOLOGIST

## PROTOCOLS

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

## SERIAL 12 LEAD ECGs

- [x] EKG (SERIAL 12 LEAD FOR NEW ONSET, INCREASING or RECURRENT CHEST PAIN - FOLLOW ACUTE CHEST PAIN PROTOCOL)
- [x] 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))
- [x] EKG (SERIAL 12 LEAD FOR DECREASING OR NO CHEST PAIN: AT 3 AND 6 HOURS AFTER INITIAL ECG IN ER)

## LABS

- [x] TROPONIN I QUANT STAT and UNLESS DONE IN ER AND THEN REPEAT (TIMED) IN 3, 6 AND 12 HOURS
- [x] CPK-MB STAT and UNLESS DONE IN ER THEN REPEAT (TIMED) IN 3, 6, AND 12 HOURS
- [x] IF (TROPONIN I AND OR CK/MB IF ORDERED) RESULT IS POSITIVE NOTIFY CARDIOLOGIST

- [x] BASIC METABOLIC PANEL today
- [x] LIPID PANEL in AM CARDIAC LIPID PANEL
- [x] CBC W/DIFF AUTOMATED today

## ECG MONITORING

- [x] 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 PRIVILEGES

### Vital Signs
- VITAL SIGNS INCLUDE: BP, PULSE, RESPIRATIONS, SAT2, CHEST PAIN LEVEL 0-10 SCALE
- VITAL SIGNS UPON ARRIVAL TO CHEST PAIN UNIT AND THEN 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 TdEC (aspirin) 162MG ORAL DAILY X 2 doses (UNLESS ALLERGY/CONTRAINDICATED)
- Ecotrin TdEC (aspirin) 81MG ORAL DAILY (if patient on Brilinta/Ticagrelor ONLY give 81mg daily MAX)
- Aspirin Contraindication:

### Medication
- Nitrostat SubI (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 Q8H 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 INFARCTION (TIMI) ACS RISK STRATIFICATION TOOL

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<thead>
<tr>
<th>ONE POINT IS ASSIGNED FOR EACH POSITIVE VALUE IN THE SEVEN CRITERIA LISTED BELOW</th>
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<tbody>
<tr>
<td>AGE 65 OR OLDER</td>
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<tr>
<td>CHEST PAIN / PRESSURE WITHIN THE LAST 24 HOURS</td>
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<tr>
<td>3 OR MORE RISK FACTORS</td>
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<td>FAMILY HX OF CAD</td>
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<tr>
<td>DIABETES MELLITUS</td>
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<td>HYPERCHOLESTEROLEMIA</td>
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<td>SMOKING</td>
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<td>HYPERTENSION</td>
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<td>PREVIOUSLY DIAGNOSED CORONARY ARTERY DISEASE</td>
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<tr>
<td>ASPIRIN TAKEN IN THE LAST 24 HOURS</td>
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<td>ST SEGMENT DEVIATION (ELEVATION OR DEPRESSION) EQUAL TO OR GREATER THAN 0.5 mm</td>
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<tr>
<td>ELEVATED TROPOININ LEVEL (ANY ABOVE YOUR INSTITUTION’S NORMAL RANGES)</td>
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<tr>
<th>TOTAL SCORE</th>
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<tr>
<th>SCORE</th>
<th>RISK OF DEATH MI OR URGENT NEED FOR REVASCULARIZATION WITHIN NEXT 14 DAYS</th>
<th>RISK STATUS</th>
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<tbody>
<tr>
<td>0 - 2</td>
<td>5 - 8 PERCENT</td>
<td>LOW</td>
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<td>3 - 4</td>
<td>13 - 20 PERCENT</td>
<td>INTERMEDIATE</td>
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<tr>
<td>5 - 7</td>
<td>26 - 41 PERCENT</td>
<td>HIGH</td>
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