



1. Admit to Inpatient: Med/Surg Telemetry ICU
Place in Observation Services: Med/Surg Telemetry Other _____
2. Dr. _____ Allergies _____
3. Bedrest with bedside commode OR _____
4. NPO until pain free, then advance as tolerated to _____
5. VS every 15 minutes x 1 hour or until stable, then every 1 hour x 4 hours, then per unit protocol OR _____
_____ ; manual BP if patient received thrombolytics.
6. Weight on admission and every AM; strict I&O
7. IV access x 2: 1 NS lock and 1 NS @ TKO OR _____
8. Oxygen at 2 liters/min per nasal cannula OR _____
9. Labs and diagnostic tests (if not already done in ER):
 EKG on admit, in AM, and with recurrent chest pain Portable CXR on admit, upright if patient able
 CPK every _____ x _____ (delete CPKMB) Troponin 1 every _____ x _____
 CPKMB if CPK is greater than 200 (add line) Fasting Lipid Profile in AM OR _____ per ER lab
 CMP, CBC, PT, PTT, Magnesium urinalysis on admit
 Hemocult first stool
 Other: _____

10. Medications:
 Nitroglycerin 0.4mg Sublingual as needed for chest pain. May repeat every 5 minutes x 2.
 Morphine 2mg IV every 10 minutes as needed for moderate chest pain unrelieved by Nitroglycerin.
 Additional Morphine 2mg IV every 10 minutes to total 4mg in 10 minutes as needed, not to exceed 12mg in 30 minutes for severe chest pain unrelieved by Nitroglycerin.
 Dilaudid 2 mg IV every 4 hours as needed for severe pain
 IV Nitroglycerin drip - Titrate till relief of chest pain and to keep Systolic BP between 100 and less than 150.
 Nitropaste: _____ inches every _____ ; hold for Systolic Blood Pressure less than 100
 Heparin IV Drip - see Cardiac Heparin protocol (Physician: please fill out separate order form)
 Lovenox 1mg/kg subcutaneous every 12 hours; give first dose now.
 Plavix _____ mg PO now and 75mg PO daily.
 ReoPRO 0.25mg/kg IV Bolus then 0.125 mcg/kg/minutes (to a maximum of 10 micrograms/minute) for 12 hours
 Integrilin 180 micrograms/kg (max 22.66 milligrams) then 2 micrograms/kg/min continuous until cardiac surgery or intervention not to exceed 72 hours. *Adjust maintenance dose to 1 micrograms/kg/min in patients with Creatinine Clearance less than 50ml/min or Serum Creatinine Clearance greater than 2 milligrams/dl.

PHYSICIAN SIGNATURE: _____ DATE/TIME: _____

 	Account Number:		MR Number:						
	Patient Name:								
	Admit Date:								
Davis Hospital AND MEDICAL CENTER 1600 West Antelope Drive Layton, Utah 84041	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								



- ASA 162mg chewable stat on admit (if not given in ER).
- Soluble ASA _____ mg by mouth daily OR _____ Enteric coated ASA _____ mg by mouth daily.
- Lidocaine 1mg/kg IV bolus (not to exceed 100mg) then 2mg/min IV drip as needed for sustained Ventricular Tachycardia OR _____
- Atropine 0.5mg IV Push for symptomatic bradycardia or 2nd degree AV Block with heart rate less than 40 or heart rate less than 50 with Systolic Blood Pressure less than 80mmHg, or 3 degree AV Block
- Zofran 2 mg IV every 12 hours as needed for nausea/vomiting (may repeat x 1 in 30 min)
- B-blocker; Lopressor 5mg IV now, may repeat in 10 min then 25mg by mouth every 6 hours, Coreg _____ milligrams po twice a day or _____ (hold for HR less than _____ or Systolic Blood Pressure less than _____)
- Ace inhibitor: _____ (Hold for Systolic Blood Pressure less than _____)
- Zocor _____ mg by mouth QHS daily OR _____
- Tylenol 650mg by mouth or PR every 4 hours as needed for Headache/Pain or temp greater than 101F.
- Tylenol 1000 mg.
- Maalox 30 ml by mouth every 6 hours as needed for GI Upset
- Sedation: _____
- Stool Softener: _____
- Sleep: _____

Additional Medications

Other Orders

PHYSICIAN SIGNATURE:

DATE/TIME:

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