

DATE _____ Time _____

1. Admit to Service of _____
 Case Management Assignment Protocol
2. Allergies: _____
3. Admit to: Telemetry CVU ICU
4. Diagnosis: Unstable Angina NSTEMI STEMI Post PCI Post Fibrinolysis
Additional Diagnoses: _____
5. Condition: Stable Serious Guarded Critical
6. Code Status: Full Code DNR Initiate Comfort Care Protocol
7. Nursing Documentation: Vital Signs per unit protocol Other _____
 Daily Weights (kg) / Strict I&O and record on admission and daily.
8. Oxygen: O2 per protocol O2 _____
9. IV: IV fluids: 0.9% NS D5 1/2 NS 0.45% NS Bicarb Solution (3 amps Bicarb in 1000cc D5W)
At _____ cc/hr Saline Lock
10. Activity: Bedrest Bedrest with BRP As tolerated Fall precautions
11. Diet: NPO _____ Cardiac Select 2 gm Sodium ADA / calories _____
 Calorie _____ Mechanical Soft Other _____
12. Fluids: No Fluid Restriction Fluid Restriction _____ ml/day Encourage Fluids

13. Medication Choices:

ANTIPLATELET/ANTICOAGULATION THERAPY:

- ASA 325mg orally daily ASA 162mg orally daily ASA 81mg orally daily
- ASA not indicated due to: Active bleeding on arrival Warfarin (Coumadin) prescribed as pre-arrival medication
 ASA allergy Other reason not to prescribe ASA: _____
- Heparin Per Weight Based Protocol
- Lovenox at 1mg/kg subcutaneous, every 12 hours, for _____ doses, next dose at _____ AM/PM.
- Discontinue Heparin Discontinue Lovenox
- Warfarin (Coumadin) _____ mg orally daily
- Integrilin® 180 mcg/kg IV bolus.
- Integrilin® infusion at _____ cc/hr for _____ hours or until _____.
- ReoPro® bolus 0.25mg/kg IV or _____.
- ReoPro® infusion at 0.125 mcg / kg / minute or _____ cc / hr for 12 hours.
- Angiomax® (Bivalirudin) bolus 0.75 mg/kg IV or _____.
- Angiomax® (Bivalirudin) infusion at 0.2mg/kg/hr or _____ cc/hr for _____ hrs or until _____.
- Clopidogrel (Plavix) dose _____ route _____ frequency _____.

ADJUNCTIVE THERAPY

ACEI / ARB: **NOTE:** If angiotensin converting enzyme (ACE) Inhibitor *or* angiotensin receptor blocker (ARB) are not ordered for LVEF <40%, contraindication must be listed for **BOTH** Not indicated (EF ≥40%)

- ACE Inhibitor: _____ dose _____ route _____ frequency _____
or
- Angiotensin receptor blocker (ARB) _____ dose _____ route _____ frequency _____

Contraindication to ACE inhibitor and ARB: ACEI allergy and ARB allergy Angioedema
 Moderate or severe aortic stenosis Hypotension Hyperkalemia Renal artery stenosis

- Worsening renal function/renal disease/dysfunction
- Other reason not to prescribe ACEI or ARB: _____

Beta Blocker: _____

- Beta Blocker not indicated or contraindicated due to: Beta Blocker Allergy Heart Failure Shock
- Second or third degree heart block on ECG and does not have a pacemaker Bradycardia (<60bpm) on arrival when not on a beta blocker
- Other Reason not to prescribe a Beta Blocker: _____

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Medication Choices (continued):

- Nitrates: Nitroglycerin 1/150 grain (0.4 mg) sublingual every 5 minutes as needed for chest pain for 3 times (hold if systolic BP less than 100mmHg.
 IV Nitroglycerin 50 mg/500 mL D₅W titrate to relieve chest pain; maintain systolic BP greater than 100 mmHg.
 Topical Nitroglycerin _____ inch(es) every _____ hours.

Analgesic / Antiemetics:

- Antiemetic Protocol (Post Operative Nausea and Vomiting Protocol)
 Acetaminophen 650 mg orally every 4 hours as needed for mild pain not to exceed 4 gms/24 hrs.
 Oxycodone/Acetaminophen (Percocet®) 5/325 mg tab (s) _____ orally every _____ hours PRN for pain.
 Hydrocodone/Acetaminophen (Vicodin®) 5/500 mg tab (s) _____ orally every _____ hours PRN for pain.
 Fentanyl (Sublimaze®) 50-100 mcg IV every _____ hours PRN for severe pain.
 Morphine Sulfate 2mg -5 mg IV every _____ hours PRN for severe pain.
 Versed 0.5mg to 1 mg IV every _____ hours PRN for anxiety.
 Xanax 0.25mg to 0.5mg PO every _____ hours PRN for anxiety.
 Other _____

- Simvastatin (Zocor) dose _____ mg orally every night.
 Diuretic: _____ dose _____ route _____ frequency _____
 KCL Supplement: _____ dose _____ route _____ frequency _____
 Magnesium Sulfate Supplement: _____ dose _____ route _____ frequency _____
 Insulin Sliding Scale Protocol: Mild Moderate Aggressive

- Constipation: Milk of Magnesia 1-4 tablespoons orally every day – titrate to soft stools
 Other _____ dose _____ route _____ frequency _____

- Sleep: Ambien 10 mg orally as needed for insomnia Other _____
 Benadryl 50 mg orally at bedtime as needed for insomnia
 Other : _____ Other : _____
 Other : _____ Other : _____
 Other : _____ Other : _____

14. **Diagnostic Studies:** EKG _____ Stat EKG for chest pain unrelieved by NTG SL
 Chest X-ray if not done within the past 72 hours or Portable CXR
 Echocardiogram to assess LV function and wall motion
 Other _____

15. **Labs:**
 Serial Cardiac Enzymes at 0, 6, 12 and 24 hours (0= time of initial blood draw in ER or on admit)
 CBC CMP BMP HbA1c Magnesium TSH
 UA BNP PTT PT / INR Digoxin level Uric Acid Lipids
 Other _____

16. **Assessments/Consultations:**
 Dietary PT OT
 Notify patient's primary cardiologist (courtesy call) _____
 Smoking cessation counseling/education if patient smoked in last year

17. **Discharge planning:**
 Case Management for discharge planning
 Cardiac Rehab referral (885-4487). Type of intervention; Phase I Phase II Phase III Date: _____

Physician's Signature _____

Date/Time _____

