CARSON TAHOE Regional Medical Center
A Carson Tahoe Regional Healthcare Facility

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ACUTE CORONARY SYNDROME / STEMI / NSTEMI
Physician Discharge Orders

DATE _____ **Time** _____

Discharge Diagnosis: _____

Discharge:
- ☐ Discharge to Home
- ☐ Do not drive for _____ weeks

Follow-up:
- ☐ Primary care physician: _____
- ☐ Cardiologist: _____
- ☐ Home health referral: _____
- ☐ Cardiac Rehab Phase 11
- ☐ Diet _____ ☐ Fluid Restriction _____

Follow-up studies: _____
_____

Activity: ☐ No Restrictions / Activity as tolerated ☐ Walk daily
- ☐ Avoid the following for _____days/week: _____
- ☐ Climb stairs ☐ Tub/Bath ☐ Shower ☐ Drive
- ☐ Walk ☐ Sexual activity

DISCHARGE MEDICATIONS:

Antiplatelet Therapy: ☐ ASA 81mg orally daily ☐ ASA 162mg orally daily ☐ ASA 325mg orally daily
- **ASA not indicated due to**: ☐ Active allergy ☐ Warfarin (Coumadin) prescribed at discharge
- ☐ Other reason not to prescribe ASA: _____
- ☐ Plavix 75 mg orally daily ☐ Other _____

Lipid Lowering:
- ☐ _____ Dose _____ Route_____ Frequency_____
- ☐ **Not indicated due to**:_____

Beta Blocker:
- ☐ _____ Dose _____ Route_____ Frequency_____

Beta Blocker not indicated or contraindicated due to: ☐ Second or third degree heart block on ECG and does not have a pacemaker
- ☐ Beta Blocker Allergy ☐ Bradycardia (<60bpm) on day of discharge or day prior to discharge while not on a beta blocker
- ☐ Other Reason not to prescribe a Beta Blocker: _____.

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: _____

Nitroglycerin: ☐ Dose _____ Route_____ Frequency _____
Nitrates: ☐ _____Dose _____ Route_____ Frequency _____
Warfarin: ☐ _____ Dose _____ Route_____ Frequency _____

Other: ☐ Digoxin _____ mg ☐ orally Frequency _____
_____
_____
_____
_____
_____

_____
Physician's Signature Date/Time

PATIENT LABEL