

Chest Pain/ UA / NSTEMI Protocol (this side ED only)

*Risk Score Predictor Variables-1-3 points for each**

- Age >65 =1pt _____
 - ≥ 3 risk factors CAD (DM, Fam. Hx, smoking, obesity, hypertension, High Cholesterol, Physical inactivity) =1pt _____
 - Known previous CAD >50% stenosis =1pt _____
 - ST segment changes or deviations =3pt _____
 - At least 2 anginal events in last 24hrs =1pt _____
 - Use of Aspirin in the last 24hrs =1pt _____
 - Elevated Serum Cardiac Markers =3pt _____
- Total Score** _____

Risk for UA / NSTEMI

- Total Score 0-pts =Low
 Total Score 1-2pts =Intermediate
 Total Score 3-5pts =High

Orders are marked according to risk level.

a = Low b = Intermediate c = High

Documentation of pursuit of **Non-Cardiac** Diagnosis _____

All Patients

TIMES: (Use atomic clocks only and note time beside each intervention below):

- _____ Serial ECG's q15 -30 min while having chest pain x3. EKG, ED MD interpretation _____
- _____ If ECG is non-diagnostic, consider ECG leads V₇ through V₉ to rule out MI due to left circumflex occlusion.
- _____ If chest pain recurs order STAT ECG with STAT Reading.
- _____ Troponin, CKMB (with CK) STAT, then at 2hrs STAT, then q6h x 2.
- _____ CBC, Chem 14, PT, PTT, Lipid Profile STAT
- _____ Portable Chest x-ray
- _____ Monitor patient for ST changes, if ST elevation, change to **STEMI Protocol**

- Monitor** for chest pain. Educate patient to notify nurse immediately for increased or recurrent chest pain.
- IV:** 1 liter 0.9 normal saline in left arm (if possible) at 40 ml/hr.
- Oxygen** at 2 L/min per nasal cannula monitor with SPO2
- Chewable **aspirin** 81mg PO x 4. (Give within 24 hrs of admission) **Document** contraindication _____

above orders may be initiated by RN

Time _____ Consult Cardiology Time _____ Notify PCP (Primary Care Physician) _____

- ^a Stress Echocardiogram (Only if enzymes and EKG remain normal) *If COPD, barrel chested or obese patient, avoid stress echo -- schedule outpatient Myoview Stress Test.
- ^{b, c} **Enoxaparin** 1mg/kg subQ q12hrs x1, now. Hold if scheduling immediate Cardiac Cath/PCI.
 Document contraindication _____
- ^{b, c} **Metoprolol** 12.5mg PO 25mg PO 50mg PO per vitals. Maintaining HR>60 and SBP >100.
 Hold if planning stress test. Document contraindication: _____
- ^{b, c} **Nitroglycerin Drip 5mcg/min:** titrate for relief of chest pain maintaining SBP>90, HR>50 BPM.
 Erectile Dysfunction Medication within 24hrs **hold nitrates!**
- ^{b, c} **Integrilin** -- Start for **NSTEMI** patients, or if chest pain persists despite above measures –
 Follow Integrilin Protocol and do Creatinine Clearance calculation prior to calculating dosage.
- ^c For **NSTEMI** (elevated enzymes) discontinue NSAID and Cox 2 inhibitors (except ASA).
- ^c **NSTEMI** patients with persistent chest pain contact interventional cardiologist.

Provider Signature _____ Date _____ Time _____

Chest Pain / UA / NSTEMI PROTOCOL

St. Elizabeth's Hospital Belleville, Illinois

Form # 1403

rev: 02/07, 05/07, 11/07
 11/08, 11/09, 01/10,
 6/10, 6/18/10



Chest Pain/UA/NSTEMI Admission Orders: in addition to General Admission Orders

Interventions

- Cardiac Monitor
- For NSTEMI (elevated enzymes) discontinue NSAID (except ASA)

Diet

- NPO after midnight on ____ / ____ / ____
- AHA Step I cardiac diet

Medications

- Morphine Sulfate ____ mg IV every ____ hrs, PRN for chest pain

ACE Inhibitors (LVEF < 40)

- Captopril (CAPOTEN) 12.5 mg PO TID
- Enalapril (VASOTEC) 2.5 mg PO BID
- Lisinopril (PRINIVIL) 5 mg PO QD

Angiotensin Receptor Blockers (LVEF < 40)

- Losartan (COZAAR) 25 mg PO daily
- Valsartan (DIOVAN) 40 mg PO BID

Contraindication to ACE / ARB _____

Anticoagulants

- Enoxaparin (LOVENOX) 1mg/kg subQ q12hrs
(If Creatinine Clearance <30, then q24hrs) Hold if scheduling immediate Cardiac Cath/PCI.
- Heparin Heparin gtt per Wt-based protocol
- 5,000 units subQ q8h

Anti-ulcer Agents

- Maalox 30 ml PO q4h PRN for indigestion
- Famotidine (PEPCID) 20 mg PO q12h
- 20 mg IV q12h

Beta-Blockers (address need for beta blocker upon discharge) 

- Carvedilol (COREG) 6.25 mg PO BID
- Metoprolol 12.5 mg PO BID
- 25 mg PO BID
- 50 mg PO BID Maintaining HR>60 and SBP >100.

Hold for same day stress test. Contraindication to beta-blocker: _____

Lipid-Regulating Agents

- Simvastatin (ZOCOR) 20 mg PO daily, in the evening
- 40 mg PO daily, in the evening
- 80 mg PO daily, in the evening

Nitrates

- Isosorbide Dinitrate (ISORDIL) ____ mg PO TID
- Isosorbide Mononitrate (IMDUR) ____ mg PO ____ times a day
- nitroglycerin 2% topical ointment ____ inch(es) q ____ hours
- nitroglycerin 0.4 mg tab sublingually q5 min x 3 doses PRN for chest pain; CALL MD

Platelet Inhibitors (Follow Integrilin Protocol and Creatinine Clearance calculation prior to calculating dose)

- INTEGRILIN 180 mcg/kg IV x1
- 2 mcg/kg per minute IV for 72 hour maintenance dose

Salicylates Aspirin 81 mg PO daily


- 325 mg PO daily (**Give within 24 h of admission**) 

Sedatives zolpidem (AMBIEN) 5 mg PO qhs PRN for insomnia

Laboratory (Indicate schedule following order)

- If Cardiac enzymes become positive contact Interventional Cardiologist immediately
- If chest pain recurs order Troponin & CKMB STAT
- C-reactive protein _____
- Lipid panel fasting in am

Diagnostic Tests (Indicate Schedule time)

- 12-lead ECG  prn chest pain, notify MD
- Treadmill nuclear stress test (myoview)
- Lexiscan stress test(if not ambulatory & no LBBB)
- Stress Echocardiogram
- Dobutamine Stress w/Echocardiogram
- Dobutamine Stress with Nuclear Images

Consults

- Consult to cardiology Dr. _____ Provider Signature _____ Date _____ Time _____
- Consult to cardiac rehabilitation

This order set is not built in FAMIS

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