

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

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, 9/28/10, 10/12/10, 11/17/10



N.05WA

Chest Pain/UA/NSTEMI Admission Orders: DEBMCPNSTM

(in addition to General Admission Orders)

Vitals Cardiac Monitor – Apply Now

Nursing

- IV: Saline Lock. Left arm preferred
- For NSTEMI (elevated enzymes) discontinue NSAID (except ASA)
- If cardiac enzymes become positive, contact Interventional cardiologist immediately
- If Chest pain recurs order Troponin and CKMB STAT
- 12 Lead ECG PRN for chest pain, notify provider
- If patient has taken an erectile dysfunction medication within 24 hrs, notify provider prior to giving nitrates

Diet

- NPO after midnight on ____ / ____ / ____ Cardiac diet

Medications

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

ACE or ARB for all patient with LVEF < 40

- Captopril (CAPOTEN) 12.5 mg PO TID Enalapril (VASOTEC) 2.5 mg PO BID
- Lisinopril (PRINIVIL) 5 mg PO daily
- Losartan (COZAAR) 25 mg PO daily Valsartan (DIOVAN) 40 mg PO BID

Contraindication to ACE / ARB _____

- 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
- Maalox 30 ml PO q4h PRN indigestion Famotidine (PEPCID) 20 mg PO q12h 20 mg IV q12h
- 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 Beta Blocker for same day stress test. Contraindication to beta-blocker: _____
- Simvastatin (ZOCOR) 20 mg PO daily 40 mg PO daily 80 mg PO daily
- 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

INTEGRILIN 180 mcg/kg IV x1 2 mcg/kg per minute IV for 72 hour maintenance dose
(Follow Integrilin Protocol and Creatinine Clearance calculation prior to calculating dose)


Aspirin 81 mg PO daily

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

Laboratory (Indicate schedule following order)

- C-reactive protein _____
- Lipid panel fasting in am
- If chest pain recurs order Troponin & CKMB STAT

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

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
06/10, 9-28-10,
10/12/10, 11/17/10