

Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ kg

Allergies \_\_\_\_\_

<b>Emergency Department (ED) STEMI Transfer to Hamilton HIU Order Set</b>		M	K	O
Orders Processed Date (dd/mm/yyyy)	<input checked="" type="checkbox"/> Receiving MRP _____			
Time (hhmm)	<b>Vitals/Monitoring</b> <input checked="" type="checkbox"/> Obtain patient's actual body weight _____ kg <input type="checkbox"/> Stated <input type="checkbox"/> Measured <input checked="" type="checkbox"/> Temp, HR, RR, BP, SpO <sub>2</sub> q _____ h and PRN <input checked="" type="checkbox"/> Continuous Cardiac Monitoring <input checked="" type="checkbox"/> Apply Defibrillator Pads to Patient <input checked="" type="checkbox"/> Immediately inform EMS dispatch of the transfer "Code STEMI"			
By	<b>Respiratory</b> <b>Oxygen Therapy</b> <input checked="" type="checkbox"/> Titrate O <sub>2</sub> to keep SpO <sub>2</sub> greater than 92% and less than 96%			
Status	<b>Lab Investigations</b> ***Only if time permits – transfer to Hamilton Intervention Unit is NOT delayed*** <input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> INR <input checked="" type="checkbox"/> aPTT <input checked="" type="checkbox"/> Creatinine <input checked="" type="checkbox"/> Urea <input checked="" type="checkbox"/> Troponin <input checked="" type="checkbox"/> Na, K, Cl, TCO <sub>2</sub> <input checked="" type="checkbox"/> Random Glucose			
Processing Reviewed by	<b>Diagnostics</b> <input type="checkbox"/> Repeat ECG in _____ <b>**DO NOT DELAY TRANSFER TO COMPLETE**</b>			
Status	<b>IV Fluids</b> <input type="checkbox"/> sodium chloride 0.9% _____ mL IV bolus for MAP less than 65 mmHg OR SBP less than 90 mmHg <b>THEN</b> _____ mL/h <input type="checkbox"/> sodium chloride 0.9% at _____ mL/h			
Faxed by	<b>Antiplatelets</b> <input checked="" type="checkbox"/> acetylsalicylic acid (ASA) 160 mg chewed STAT x 1 dose unless given by EMS <input type="checkbox"/> clopidogrel PO <input type="checkbox"/> 600 mg <b>OR</b> <input type="checkbox"/> 300 mg <b>OR</b> <input type="checkbox"/> 75 mg x 1 dose now <b>OR</b> <input type="checkbox"/> ticagrelor 180 mg PO x 1 dose now			
	<b>Pain Management</b> <input type="checkbox"/> morphine _____ mg IV bolus q _____ minutes PRN <input type="checkbox"/> Other: _____			

Telephone Order \_\_\_\_\_  
 Ordering Practitioner, Designation      Signature      Date/Time (dd/mm/yyyy hhmm)

If Telephone Order \_\_\_\_\_  Read Back  
 Ordering Physician      Date (dd/mm/yyyy)      Time (hhmm)

Rev. 01/2020/V8 ORD6 (900451)



**Chart Copy – Do Not Destroy**

Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ kg

Allergies \_\_\_\_\_

<b>Emergency Department (ED) STEMI Transfer to Hamilton HIU Order Set</b>			M	K	O
Orders Processed Date (dd/mm/yyyy)	<b>Nausea Management</b> <input type="checkbox"/> dimenhyDRINATE 25 – 50 mg IV q4h PRN (for patients at low risk for falls and/or delirium) <input type="checkbox"/> Other: _____				
Time (hhmm)	<b>Anticoagulation Therapy</b> ***DO NOT GIVE heparin if on warfarin OR has received fondaparinux or low molecular weight heparin within 12 hours*** <input checked="" type="checkbox"/> Give heparin 60 units/kg = _____ units IV loading dose* (maximum 4,000 units)				
By	<b>Heparin Loading Dose Information *Based on 1,000 units/mL</b>				
Status	<b>Weight (kg)</b>	<b>Loading Dose (units) [max 4,000 units]</b>	<b>Loading Dose (mL) [based on 1,000 units/mL]</b>		
	Less than 35	2,000	2		
	35 – 39.9	2,200	2.2		
	40 – 44.9	2,500	2.5		
	45 – 49.9	2,800	2.8		
Processing Reviewed by	50 – 54.9	3,100	3.1		
	55 – 59.9	3,400	3.4		
	60 – 64.9	3,700	3.7		
Status	65 or greater	4,000	4		
Faxed by	<b>Cardiac Medications</b> <input checked="" type="checkbox"/> atropine 0.6 mg IV x 1 PRN if symptomatic bradycardia less than 40 beats per minute and call physician <input checked="" type="checkbox"/> nitroglycerin spray 0.4 mg SL q5minutes x 3 PRN <b>For MAP of less than 65 mmHg or SBP of 90 mmHg or less despite IV fluid bolus:</b> <input checked="" type="checkbox"/> Wherever possible, infuse into a large vein. Central line administration is preferred due to risk of Extravasation <input type="checkbox"/> DOPamine (1.6 mg/mL) 5 – 15 micrograms/kg/minute IV to maintain MAP greater than 65 mmHg; start at _____ micrograms/kg/minute <input type="checkbox"/> norepinephrine (32 micrograms/mL) 2 - 10 micrograms/minute IV to maintain MAP greater than 65 mmHg; start at _____ micrograms/minute				
	<b>Additional Orders</b> _____ _____				

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