Niagara Health System
Système De Santé De Niagara

PATIENT INFORMATION

Height ____________ cm Weight ____________ kg

Allergies ____

Emergency Department (ED) Acute Coronary Syndrome (ACS) Therapy Order Set

		M	K	O
Orders Processed Date (dd/mm/yyyy)	*****Follow-up orders (e.g. Acute Coronary Syndrome Admission Order Set) must be completed as these orders are for a single dose of most medications***** ☒ Obtain patient's actual body weight: _________ kg			
	Chest Pain- Cardiac Features			
Time (hhmm)	**Vitals/Monitoring** **Vitals** ☐ Temp, HR, RR, BP, SpO_2 q___________ and PRN ☐ Continuous Cardiac Monitoring			
By	**Lab Investigations (If not already ordered)** ☐ CBC ☐ INR ☐ Creatinine ☐ Urea ☐ Troponin ☐ Na, K, Cl ☐ TCO_2 ☐ Glucose ☐ Repeat Troponin in _________ hours			
Status	**Diagnostics** ☐ STAT ECG ☐ 15-Lead ECG ☐ Repeat ECG in 20 minutes if still having Chest Pain ☐ CXR PA and Lateral **OR** ☐ CXR Portable Reason: ACS			
Processing Reviewed by	**Respiratory** **Oxygen Therapy** ☐ Titrate O_2 to keep SpO_2 greater than 92% **Patient with chronically elevated $PaCO_2$** ☐ Titrate O_2 to keep SpO_2 between 88% and 92%			
Status	**IV Fluids** ☐__________________ at ___________ mL/hour			
Faxed by	**Anticoagulation Therapy** ****Consider IV heparin If CrCl less than 30 mL/minute or serum creatinine greater than 150 micromol/L**** ☐ Heparin (Low Dose) for Acute Coronary Syndrome (ACS) and ST Elevation Myocardial Infarction (STEMI) Order Set (Prescriber to Complete) ☐ fondaparinux 2.5 mg subcutaneous x 1 dose			

☐ 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)

PatientOrderSets

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Date (dd/mm/yyyy)	**Antiplatelet Therapy**			
	☐ acetylsalicylic acid (ASA) 160 mg chewed STAT			
	☐ clopidogrel ☐ 600 mg ☐ 300 mg ☐ 75 mg PO now (use 75 mg if already on clopidogrel)			
	OR			
	☐ ticagrelor 180 mg PO now			
Time (hhmm)	**Pain Control**			
	☐ morphine ________ mg IV q ________minutes PRN			
By	☐ nitroglycerin spray 0.4 mg SL q5minutes x 3 PRN (Hold if hypotension, RV or Inferior MI, PDE Inhibitor use)			
	☐ nitroglycerin IV 50 mg/250 mL 5% dextrose in water. Start at ___________ micrograms/minute, titrate to a maximum of 200 micrograms/minute to keep systolic BP greater than or equal to 90 mmHg			
Status	**Nausea Management**			
	☐ dimenhy**DRINATE** 25 – 50 mg PO q4h PRN (for patients at low risk for falls and/or delirium)			
	☐ dimenhy**DRINATE** 25 – 50 mg IV q4h PRN (for patients at low risk for falls and/or delirium)			
Processing Reviewed by	☐ ondansetron 4 mg ☐ PO **OR** ☐ IV q6h PRN			
	☐ Other: ______________________________			
Status	**Additional Orders**			
	______________________________			
Faxed by	______________________________			
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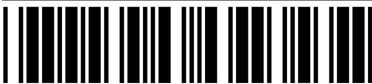
☐ Telephone Order ______________________ ______________ ______________

Ordering Practitioner, Designation | Signature | Date/Time (dd/mm/yyyy hhmm)

If Telephone Order ______________ ______________ ______________ ☐ Read Back

Ordering Physician | Date (dd/mm/yyyy) | Time (hhmm)



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PatientOrderSets