



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

AMI / Acute Coronary Syndrome Order Set

Diagnosis: _____

- Admit Inpatient: Acute Non-STEMI, Acute STEMI, Unstable Angina with EKG changes
- ** Please address medication treatments given or contraindicated in your H&P or progress note **

Admit to Dr. _____ and pull standing orders ☐ Floor ☐ CCU

Consult Cardiologist Dr. _____ • Referral to Cardiac Rehab

Diagnostic Procedures/Lab:

- 12 lead EKG on admission and repeat in 3 hours x 2. Complete cycle not performed by ER.
- May obtain 12 lead EKG during any prolonged period of chest pain.
- ☐ Echocardiogram Complete to include Doppler
- Obtain Echo report within last 6 months from CPSI Echo Log. If Echo not done at CRMC, call MD office for report.
- Troponin on admission and repeat q 3 hours x 2. Complete cycles not performed by ER.
- CXR on admission if not done in ER ☐ Portable ☐ Transport
- ☐ CBC no Differential ☐ CBC with auto Differential ☐ CBC with manual Differential
- PTT, BMP, P.T., Fasting Lipid Profile

Treatments & Interventions:

- Pulse oximetry on admission and q 8 hours per Respiratory Therapy – notify MD for Sat < 90%
- O2 @ 2 L/min, for Sat < 90% or chest pain
- Notify Respiratory Therapy on admission via Vocera
- Telemetry – Place rhythm on admission and q 8 hours and PRN (always same lead)
- Vital signs q 4 hours and PRN
 - I&O q 8 hours
 - ☐ Activity _____
- Diet: NPO except medications
- Discharge education for AMI initiated
 - Smoking Cessation Education/Counseling when indicated

Medications & IV Fluids (Meds here started in ER or within 2 hours of admission):

IV Fluids: ☐ NS @ ☐ 75 ☐ 100 ☐ 125 ml/hr ☐ _____ @ _____ ml/hr ☐ Saline Lock

- ☐ Zofran 4 mg IV q 4 hours PRN nausea
- ☐ Heparin (ACS, AMI, Acute ST Segment Elevation) Infusion Order Set
- ☐ Lovenox 1 mg/Kg subcutaneous q 12 hours (renal dose)
- ☐ Integrilin (Eptifibatide) Order Set
- ☐ Albuterol nebulizer 0.083% 3 ml inhalation solution q _ hrs
- ☐ Atrovent nebulizer 0.02% 0.5 mg inhalation solution q _ hrs
- ☐ Duoneb nebulizer unit dose q _____ hours
- ☐ PRN nebulizers _____
- ☐ Symbicort MDI 160 Mcg - 4.5 Mcg 2 puffs bid

Steroids: ☐ Solumedrol _____ mg IV q 8 hours ☐ Prednisone _____ mg Po q day

- ASA on arrival 325 mg tablet Po now and 81 mg tablet Po q day (unless contraindicated) Time given: _____
- Contraindication: _____
- ☐ NTG paste _____ inch topical q _____ hours
- NTG gr 1/150 PRN chest pain (may give up to 3 NTGs SL q 3-5 minutes apart, notify MD – hold for Systolic Pressure < 90 or decreased level of consciousness, notify MD and obtain 12 lead EKG if no relief.)
- ☐ Morphine Sulfate 2 mg IV x1 for chest pain. If chest pain not relieved, notify MD
- ☐ Beta blocker: _____ Contraindication _____
- Statin _____ Contraindication _____
- ☐ Plavix 600 mg Po loading dose x 1; then Plavix 75 mg Po q day
- ☐ Plavix 300 mg Po loading dose x 1; then Plavix 75 mg Po q day
- ☐ Diabetic education

Requires admission to CCU:

- ☐ Nitroglycerin drip start @ _____ Mcg/min; increase _____ Mcg every minute. Titrate to systolic BP >110 <140.
- ☐ Symptomatic Bradycardia (May include HR <50, Systolic Pressure < 90. Decreased level of consciousness give Atropine 0.5 mg – 1 mg IV push. May repeat x 1 after 5 minutes. If no response from Atropine, place on external transcutaneous pacemaker and call MD)

MD Signature: _____ Date & Time: _____

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4

Revised/approved by Director of Cardiovascular Services: 04/28/2021

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