



Acute Coronary Syndrome / Chest Pain (Short Form)

Attending Physician: _____ Date: _____ Time: _____

Place in Observation Services: Telemetry

Diagnosis: Chest Pain/Possible ACS

Condition: Stable Guarded Critical Good Fair Poor

Allergies: NKDA Other: _____

Notify Physician ASAP if these occur:

- Ventricular Fibrillation/Ventricular Tachycardia
- BP less than 90 systolic
- Symptomatic HR less than 40
- Unresolved chest pain with elevated cardiac enzymes

Code Status: Full DNR

Vital Signs: Per unit protocol

Activity: Bed rest

Nursing: Daily weight Intake & Output Glucose checks AC and qHS, if diabetic
 Pulse oximeter on admission and every shift
 Smoking Cessation Education
 Foley to drainage Sequential Compression Device (SCD)
 Other: _____

Diet: Cardiac, then NPO after midnight

Fluids: Saline lock then NS at 100 ml/hr at 6am
 Other: _____

Oxygen: Nasal Cannula 2 L/min, adjust to keep O2 sat more than 92%

Labs: Troponin (STAT, and every 6 hours x 3) CK (STAT, and every 6 hours x 3)
 CKMB (STAT, and every 6 hours x 3) CBC with differential, In AM
 Fasting lipid profile, In AM BMP, In AM
 Other: _____

Studies: (If LVEF less than 40%, implement CHF Protocol)

- EKG, in AM ECHOCARDIOGRAM, IN AM DR _____ TO READ
Perform in am if cardiac enzymes negative x 2 (Hold am Beta Blocker)
 Exercise Stress echocardiogram
 Exercise Nuclear Stress Test
 Lexiscan Nuclear Stress Test
 Other: _____

___ Orders Faxed to Admitting ___ Orders Faxed to Pharmacy ___ Telephone Orders Read Back to Prescriber (TORB)

PHYSICIAN SIGNATURE: _____ DATE/TIME _____ TRANSCRIBED BY: _____ DATE/TIME _____

PHYSICIAN PRINTED NAME: _____ DATE/TIME _____ VERIFIED BY: _____ DATE/TIME _____

Account Number: _____ MR Number: _____

Patient Name: _____

Admit Date: _____



Salt Lake Regional
MEDICAL CENTER

1050 East South Temple - Salt Lake City - Utah 84102
(801) 350-4111

DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
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Allergies: _____

Attending Physician Name: _____



Acute Coronary Syndrome / Chest Pain

Medications: Check the appropriate box. (Hold any listed if allergic) (Standard medications are already checked, implement unless lined out)

- ASPIRIN 325 MG (81 MG CHEWABLE TABLETS X 4) PO NOW (hold if given in ED), THEN DAILY
Nitroglycerin 0.4mg SL every 5 minutes as needed for chest pain (Max of 3 tablets in 15 minutes)
METOPROLOL (LOPRESSOR) 25 MG PO BID. Hold for HR less than 55 and systolic BP less than 90
Simvastatin (Zocor) 40 mg PO, every night before bedtime
Enoxaprin (Lovenox) 1 mg/kg subcutaneous now (hold if given in ED) and then every 12 hours (renal dosing per pharmacy)
Heparin IV, Weight based ACS protocol
Nicotine mg topical patch apply daily
Famotidine (Pepcid) 20 mg PO twice daily
Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to morphine or codeine)
Ondansetron (Zofran) 4 mg IV every 8 hrs PRN nausea/vomiting
Zolpidem (Ambien) 5 mg PO qHS PRN sleep. May repeat dose in one hour if no result.
Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F (not to exceed 4 grams per 24 hrs)
MOM 10 ml PO every HS PRN constipation
Maalox 30 ml PO every 4 hours PRN heartburn
Percocet 5/325 mg PO every 4 hrs PRN for moderate pain

Additional Meds:

- Additional medication entry lines with checkboxes

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DOB Age Sex HT WT RM-BD PT SVC FC

Allergies:
Attending Physician Name: