

EVIDENCE BASED CARE

MERCY HOSPITAL

800 Mercy Drive
Council Bluffs, Iowa 51503-3128

ACUTE CORONARY SYNDROME (UNSTABLE ANGINA/NSTEMI)

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Admission

- Admit to Inpatient and place in ___ Cardiac Care Unit, ___ Intensive Care Unit, or Other _____
- Diagnosis: Acute Coronary Syndrome
- Attending Physician _____
- Primary Care Physician _____
- Consulting Physician _____
- Place cardiac cath diagnostic/interventional preprocedure orders on chart.
- Prepare informed consent for heart catheterization with coronary angiogram and percutaneous intervention.
- Place ACS Dismissal Orders on chart for use on day of dismissal.
- Obtain previous records if available.

If not already completed in the Emergency Department:

- STAT 12-lead ECG and obtain physician interpretation within 10 min of patient's arrival (obtain old ECG if available).
- If any ECG demonstrates ST elevation, notify cardiologist immediately to make decision regarding direct PCI.
- Aspirin 81 mg x4 chewable tablets.
- If oral administration of Aspirin is contraindicated give Aspirin 300 mg rectal suppository.
- Stat lab to include: CBC, Comprehensive Metabolic Panel, CKMB, Troponin I, Myoglobin.
- Saline lock.
- Chest x-ray.

Additional Testing

- Repeat Troponin-I and CKMB at 1 hr, 5 hr and at 12 hr.
- Complete lipid panel (add to blood already drawn if applicable).
- 12-lead ECG stat with new onset or episode of chest pain.
- 12-lead ECG tomorrow morning x1.
- B-type natriuretic peptide (CHF Peptide).
- 2D Echocardiogram/Doppler _____.

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Medications (reconcile beta-blocker, ACE/ARB, and Statin choices with patient's home medications if applicable)



Beta-Blocker:

_____ at _____ mg orally _____ x per day.

Contraindication to Beta-Blocker Therapy:



ACE Inhibitor or Angiotensin Receptor Blocker:

_____ at _____ mg orally _____ x per day.

Contraindication to ACEI or ARB Therapy:



Statin Therapy:

_____ at _____ mg orally _____ x per day.

Contraindication to Statin Therapy:



Other lipid-regulating agent _____ at _____ mg orally _____ x per day.

Anticoagulants

Lovenox (enoxaparin) 30 mg IV loading dose followed immediately by 1 mg/kg subq. q.12h.

Lovenox (enoxaparin) 1 mg/kg subq. q.12h.

- If Lovenox (enoxaparin) is ordered: Pharmacy to recommend dosing for patients with weight >150 kg or creatinine clearance is <30 ml/min.

Unfractionated heparin IV per weight based protocol.

Platelet Inhibitors

• Aspirin 325 mg orally once daily beginning tomorrow (chewable aspirin already given per order today).

Integrilin (eptifibatide) per protocol.

Plavix (clopidogrel) 600 mg orally now, then 75 mg once daily.

Plavix (clopidogrel) 300 mg orally now, then 75 mg once daily.

Other _____

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PCD 80862 v1C

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Ancillary Medications

- Morphine for persistent or severe chest pain 2-5 mg IV q. 15 min as needed (do not exceed 25 mg in 24 hr).
 - Chest pain refractory to morphine, start IV nitroglycerin, titrate to pain free, keep SBP >100 mmHg. Notify physician.
 - Nitroglycerin 0.4 mg sublingual tablet q. 5 min as needed for chest pain (up to three times).
 - Colace (docusate sodium) 100 mg orally twice daily as needed for stool softening.
 - Tylenol (acetaminophen) 500-1000 mg orally q.6h as needed for mild discomfort or temp >101.5.
 - Maalox (magnesium-aluminum hydroxide with simethicone) 30 ml orally q.4-6h as needed for indigestion.
- Night time sleep aid: _____ at _____ mg orally _____ as needed at bed time.
- Antiemetic for nausea: _____ at _____ mg _____ (route) _____ times per day.

Diet and Fluids

- IV fluids as ordered: Solution _____
Rate _____ ml per hour.
- Consult to dietitian for education.
- NPO: except for cardiac medicines.
- Cardiac diet.
- _____ calorie diabetic diet.
- Other _____

Activity and Nursing Orders

- Vital signs q. 15 min x4, then q. 30-60 min until stable, then q.2-4h as indicated.
 - Cardiac monitor, pulse oximetry, input and output, daily weight.
 - O2 per Respiratory Therapy Protocol.
 - Initiate Cardiac Rehab Acute Phase 1.
 - Bed rest with bathroom privileges. If patient has chest pain, shortness of breath, or symptomatic BP <90 mm/Hg the patient should remain on bed rest until resolved.
 -  Smoking cessation education/counseling and materials.
- Urinary catheter initiation/management.

Dr