



Indiana University Health
Acute Coronary Syndrome Mini

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Date	Time	Physician Orders
		<p>**This ACS Mini order set must be used in conjunction with an admission type order set</p> <p>**The ACS Mini order set is for ACS patients who are NOT immediately going to Cath Lab: Unstable angina, NSTEMI or STEMI</p> <p>**Do not use this order set for those STEMI patients going to cath lab. Search for a Level One Heart Attack order set</p>
		<input checked="" type="checkbox"/> Smoking Cessation counseling, if patient has smoked within past year.
		<p>Call Orders</p> <input checked="" type="checkbox"/> Call Angina symptoms - Continued or worse after nitroglycerin <input checked="" type="checkbox"/> Call Change in Heart Rhythm - Ventricular Tachycardia greater than 5 beats /per minute <input type="checkbox"/> Call Change in Heart Rhythm - Ventricular Tachycardia greater than ___ beats /per minute
		<p>See Thrombolytic Administration Acute MI – Post Infusion orders subphase for 8 hours post infusion (if patient received thrombolytic at outside hospital for STEMI)</p>
		<p>Medications</p>
		<p>Aspirin</p> <p>Note: Provider Discontinue all other aspirin orders Note: Maintenance doses of aspirin above 100 mg reduce the effectiveness of ticagrelor and should be avoided. After any initial aspirin dose, use ASPIRIN 81 mg PO DAILY with ticagrelor maintenance dose</p> <input type="checkbox"/> Aspirin Contraindication: <input type="checkbox"/> History of Hypersensitivity <input type="checkbox"/> Other: _____
		<input type="checkbox"/> aspirin 81mg (baby) chew 4 tablets PO STAT (HOLD ONLY for history of TRUE aspirin allergy OR if aspirin 162mg or greater has already been administered) <input type="checkbox"/> aspirin enteric coated <ul style="list-style-type: none"> <input type="checkbox"/> 81 mg Orally Daily, Begin tomorrow <input type="checkbox"/> 162 mg Orally Daily, Begin tomorrow <input type="checkbox"/> 325 mg Orally Daily, Begin tomorrow
		<p>Antiplatelet Agent (Non-Aspirin)</p> <input type="checkbox"/> AntiPlatelet Contraindication: <input type="checkbox"/> History of Hypersensitivity <input type="checkbox"/> History of Stroke/ TIA –Prasugrel only <input type="checkbox"/> Other: _____
		<p>CLOPIDOGREL</p> <p>*indicate below if loading already ordered</p> <input type="checkbox"/> Medication Message to Nursing: Clopidogrel Loading Dose ALREADY ORDERED
		<p>OR</p> <p>Loading</p> <input type="checkbox"/> Clopidogrel 600mg x1 give PO NOW <input type="checkbox"/> Clopidogrel 300mg x1 give PO NOW

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		<p>Maintenance</p> <p><input type="checkbox"/> Clopidogrel 75mg PO DAILY - starting tomorrow</p> <p>PRASUGREL</p> <p>*indicate below if loading already ordered</p> <p>Note: Bleeding risk increased in patients greater than or equal to 75 years of age, less than 60 kg, or with history of pathological bleeding or a history of TIA or Stroke.</p> <p><input type="checkbox"/> Medication Message to Nursing: Prasugrel Loading Dose ALREADY ORDERED</p> <p>OR</p> <p>Loading</p> <p><input type="checkbox"/> Prasugrel 60mg x1 give PO NOW</p> <p>Maintenance</p> <p><input type="checkbox"/> prasugrel 10 mg PO DAILY - starting tomorrow (DEFAULT)</p> <p>Note: Weight less than 60 kg</p> <p><input type="checkbox"/> prasugrel 5 mg PO DAILY - starting tomorrow</p> <p>TICAGRELOR</p> <p>*indicate below if loading already ordered</p> <p><input type="checkbox"/> Medication Message to Nursing: Ticagrelor Loading Dose ALREADY ORDERED in cath lab</p> <p>OR</p> <p>Loading</p> <p><input type="checkbox"/> Ticagrelor Loading Dose 180 mg PO x1 give NOW</p> <p>Maintenance</p> <p><input type="checkbox"/> Ticagrelor 90 mg PO BID. If loading dose given before 1500, start at 2100 on the same day. If loading dose given at or after 1500, start at 0900 on the next day.</p>
		<p>Beta Blockers</p> <p><input type="checkbox"/> Beta Blocker Contraindication: <input type="checkbox"/> History of Bradycardia <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> metoPROLOL tartrate 5 mg IV Push every 5 min, for 3 Doses - For a total of 15 mg; Hold if SBP less than 90 mmHg or HR less than 60 bpm. Give each dose over 1 to 2 minutes.</p> <p>Note: Not recommended in patients with systolic heart failure</p> <p><input type="checkbox"/> metoPROLOL tartrate Next dose - Hold if SBP less than 90 mmHg or HR less than 55 bpm</p> <p><input type="checkbox"/> 12.5 mg Orally every 12 hours</p> <p><input type="checkbox"/> 25 mg Orally every 12 hours</p> <p><input type="checkbox"/> 50 mg Orally every 12 hours</p> <p><input type="checkbox"/> 75 mg Orally every 12 hours</p> <p><input type="checkbox"/> 100 mg Orally every 12 hours</p> <p><input type="checkbox"/> metoPROLOL SUCCinate Tomorrow - Hold if SBP less than 90 mmHg or HR less than 55 bpm</p> <p><input type="checkbox"/> 25 mg Orally Daily</p> <p><input type="checkbox"/> 50 mg Orally Daily</p> <p><input type="checkbox"/> 100 mg Orally Daily</p> <p><input type="checkbox"/> 200 mg Orally Daily</p>

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		<input type="checkbox"/> carvedilol Next Routine dose - Hold if SBP less than 90 mmHg or HR less than 55 bpm <input type="checkbox"/> 3.125 mg BID <input type="checkbox"/> 6.25 mg BID. <input type="checkbox"/> 12.5 mg BID <input type="checkbox"/> 25 mg BID <input type="checkbox"/> _____ mg BID
		<p>ACE Inhibitor / ARB - Quality Indicator (Indicated for EF less than 40%) Note: Physician to discontinue all other ACE Inhibitor or ARB orders</p> <p><input type="checkbox"/> ACE – Inhibitor /ARB Contraindication: <input type="checkbox"/> Angioedema <input type="checkbox"/> Hyperkalemia, <input type="checkbox"/> Hypotension, <input type="checkbox"/> Unstented bilateral Renal artery stenosis <input type="checkbox"/> Moderate or severe aortic stenosis <input type="checkbox"/> Worsening renal function/renal disease/dysfunction <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other _____</p> <p>ACE - Inhibitor <input type="checkbox"/> lisinopril PO daily <input type="checkbox"/> 2.5 mg <input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg <input type="checkbox"/> 20 mg <input type="checkbox"/> 40 mg HOLD for SBP less than 90mmHg <input type="checkbox"/> captopril PO Q 8 Hr <input type="checkbox"/> 6.25 mg <input type="checkbox"/> 12.5 mg <input type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> 100 mg HOLD for SBP less than 90 mmHg</p> <p>ARB <input type="checkbox"/> losartan PO daily <input type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> 100 mg HOLD for SBP less than 90 mmHg <input type="checkbox"/> valsartan PO daily <input type="checkbox"/> 40 mg <input type="checkbox"/> 80 mg <input type="checkbox"/> 160 mg <input type="checkbox"/> 320 mg HOLD for SBP less than 90 mmHg</p>
		<p>Anticoagulation Therapy Note: Consider Consulting Cardiology Warfarin Initiation/Continuation Mini Orders as indicated. Heparin ThromboStablizer Orders as indicated. Heparin Infusion (Ball, Arnett etc) Eptifibatide (Integrilin) Mini Orders as indicated. Enoxaparin Therapeutic orders as indicated.</p>
		<p>Vasodilator Avoid if SBP less than 90 mmHg, critical aortic stenosis, sildenafil, vardenafil, tadalafil, use in past 24 hours <input type="checkbox"/> nitroGLYCerin, 0.4 mg, Sublingually, every 5 min, PRN, Chest Pain, for 3 Doses. Notify physician if administered for chest pain. Hold if patient took a phosphodiesterase-5 enzyme inhibitor sildenafil (Viagra®, Revatio®), tadalafil (Cialis®, Adcirca®), or vardenafil (Levitra®, Staxyn®) or avanafil (Stendra®) with in the last 48 hours</p> <p><input type="checkbox"/> nitroGLYCerin 2% ointment, 1 application topically at 0600, 1100 and 1600 every day <input type="checkbox"/> 1 Inch <input type="checkbox"/> 0.5 Inch <input type="checkbox"/> 2 Inches <input type="checkbox"/> First Dose Now</p> <p>Note: For nitroglycerin infusion, please use the Vasoactive Infusions subphase</p>

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		Physician to complete separate Vasoactive Infusions subphase as indicated.
		Endothelial Stabilization / Lipid Lowering Therapy Note: Provider to discontinue all other Statin Orders <input type="checkbox"/> Statin Contraindication: <input type="checkbox"/> History of Myopathy <input type="checkbox"/> Other: _____ <input type="checkbox"/> atorvastatin <input type="checkbox"/> 40 mg PO QHS, if first dose given before 9pm, start next day 2100 <input type="checkbox"/> 80 mg PO QHS, if first dose given before 9pm, start next day 2100 <input type="checkbox"/> ___mg PO QHS, if first dose given before 9pm, start next day 2100 <input type="checkbox"/> pravastatin <input type="checkbox"/> 20 mg PO QHS, if first dose given before 9pm, start next day 2100 <input type="checkbox"/> 40 mg PO QHS, if first dose given before 9pm, start next day 2100 <input type="checkbox"/> ___mg PO QHS, if first dose given before 9pm, start next day 2100
		PRN Medications Mild Pain/Fever <input type="checkbox"/> acetaminophen 650 mg Orally Q 4 H PRN mild pain/fever. Comments: Temperature greater than 38.6 C **Maximum acetaminophen 4 grams in 24 hours from all sources** Moderate Pain (Select One) <input type="checkbox"/> hydroCODONE 5mg + acetaminophen 325mg 1 tablet PO Q 4 H PRN moderate pain <input type="checkbox"/> hydroCODONE 5mg + acetaminophen 325mg 2 tablets PO Q 4 H PRN moderate pain **Maximum of 4 grams Acetaminophen per day from all sources** Severe Pain (Select One) <input type="checkbox"/> morphine 2 mg IV Push, Injection PRN Severe Pain. Notify physician if administered for chest pain. <input type="checkbox"/> Q 2 H (DEF) <input type="checkbox"/> Q 4 H <input type="checkbox"/> morphine 4 mg IV Push, Injection PRN Severe Pain. Notify physician if administered for chest pain. <input type="checkbox"/> Q 2 H (DEF) <input type="checkbox"/> Q 4 H
		Antiemetics/Dyspepsia <input type="checkbox"/> ondansetron 4 mg IV Push, Injection Q 6 H PRN Nausea/Vomiting- Use First <input type="checkbox"/> Al hydroxide/Mg hydroxide/simethicone 30 mL Orally Q 4 H PRN Dyspepsia
		Anxiety <input type="checkbox"/> ALprazoLAM 0.25 mg PO Q 6 hr PRN anxiety
		<input type="checkbox"/> Hydration Order – Inpt Adults (≥18 yrs) - for Contrast Media Induced Nephropathy Prevention (Computed Tomography / IVP / Venography) subphase

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		<p>Laboratory</p> <ul style="list-style-type: none"> <input type="checkbox"/> CBC no diff Routine, Now <input type="checkbox"/> CBC no diff Routine, in am 0600 <input type="checkbox"/> PTINR Routine, Now <input type="checkbox"/> PTINR Routine, in am at 0600 <input type="checkbox"/> Basic Metabolic Panel Routine, Now <input type="checkbox"/> Basic Metabolic Panel Routine, Tomorrow at 0600 <input type="checkbox"/> CMP Routine, Now <input type="checkbox"/> CMP Routine, Tomorrow at 0600 <input type="checkbox"/> Hepatic Function Pnl Routine, Now <input type="checkbox"/> Hepatic Function Pnl Routine, Tomorrow at 0600 <input type="checkbox"/> Lipid Panel SerPI QN Routine, Fasting Tomorrow at 0600 <input type="checkbox"/> Troponin-I PI QN Blood, Now, Now <input type="checkbox"/> Troponin-I PI QN Blood Q3 hours x2 <input type="checkbox"/> Troponin-I PI QN Blood Q3 hours x3 <input type="checkbox"/> BNP PI QN Now, <input type="checkbox"/> Hgb A1C HPLC Bld QN Now <input type="checkbox"/> Urine Drug Screen Now
		<p>Radiology</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chest PA AP XR Now For: Chest Pain <input type="checkbox"/> Chest PA AP XR Now For: Shortness of Breath <input type="checkbox"/> Chest PA AP Port XR Now For: Chest Pain <input type="checkbox"/> Chest PA AP Port XR Now For: Shortness of Breath
		<p>Cardiodiagnostic:</p> <ul style="list-style-type: none"> <input type="checkbox"/> For PCU/ICU level only Cardiac Monitor, Continuous bedside monitor <input type="checkbox"/> Telemetry: Indication: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Class I (72 hours) Significant risk of life-threatening arrhythmia. <input type="checkbox"/> Class II (48 hours) Low risk for life threatening arrhythmia. <input type="checkbox"/> Class III (24 hours) Very low risk for life threatening arrhythmia, or brief arrhythmia monitoring is desired to assist in the care of selected end stage patients. Telemetry monitoring in these patients is unlikely to have meaningful impact on the outcome. <input type="checkbox"/> Electrocardiogram (ECG 12 Lead) - Now Indication: Chest Pain <input type="checkbox"/> Electrocardiogram (ECG 12 Lead) - 0600 tomorrow Indication: Chest Pain <input type="checkbox"/> Electrocardiogram CAH (EKG CAH) STAT Indication: _____ <input type="checkbox"/> Electrocardiogram CAH (EKG CAH) daily for 1 day Indication: _____ <input checked="" type="checkbox"/> Message to Nursing: Order ECG 12 Lead STAT PRN with Chest Pain Indication: Chest Pain <input type="checkbox"/> Echocardiogram with Cardiac Doppler Indication: Acute Coronary Syndrome <input type="checkbox"/>STAT <input type="checkbox"/>routine
		<p>Pulmonary</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Titrate FiO2 to Keep O2 Sat, Greater Than or Equal: 92% <input checked="" type="checkbox"/> Nasal Cannula <input type="checkbox"/> Aerosol Mask _____ (FiO2)

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		<input type="checkbox"/> Respiratory Therapy Assess and Treat <input type="checkbox"/> Continuous oxygen saturation (continuous oximeter)
		<p>Cardiac Rehab</p> <input type="checkbox"/> Graded Exercise Test (treadmill only) (Check ONLY when required for patient) Note: For West patients, both are checked for Cardiac Rehab Phase 1 (Inpatient) and Cardiac Rehab Phase II (Outpatient) orders. Note: Phase 1 Not available at Blackford or MH <input checked="" type="checkbox"/> Cardiac Rehab: Phase I (Inpatient) <input checked="" type="checkbox"/> Cardiac Rehab: Phase II Referral (Outpatient) <ul style="list-style-type: none"> • Pre-Post Exercise Test (Six-Minute Walk) • 12 lead EKG PRN (as warranted by chest pain or observed arrhythmias) • Pre-Post Lipid Profile PRN • Glucose monitoring for diabetic or symptomatic patients PRN (follow hypo/hyperglycemia protocol) • Outpatient nutritional/diabetes education per cardiac rehab treatment plan <input checked="" type="checkbox"/> Cardiac Rehab: Phase III Referral (Outpatient) Note: For Methodist patients, the Cardiac Rehab Referral (Outpatient) is ordered: <input checked="" type="checkbox"/> Cardiac Rehab Referral (Outpatient)
		<p>Consults</p> <input type="checkbox"/> Medical Service: Consult with Cardiology (physician to call) <input type="checkbox"/> Medical service: Consult with Hospitalist / House Staff (physician to call)

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