

PHYSICIAN ORDERS

Date / Time: ____/____/____ Patient arrived in triage at _____
ECG tech paged at _____
ECG done at _____
 See ED clerk call log for ECG times

ECG: Stat 12-lead ECG - done

Diagnosis: Acute St-Elevation Myocardial Infarction
 Acute Myocardial Infarction with New (or presumably new) Bundle Branch Block
 Acute Posterior Myocardial Infarction

Labs: CBC with diff, ER panel, Mg⁺⁺, CK-MB, Troponin, PT / PTT / INR
 Stat PCXR (notify radiology tech with cardiac alert page)

Cardiologist: Page cardiologist immediately
 Obtain old chart

Cardiologist: _____
Page made at _____
Call returned at _____

Nursing: Document patient's weight: _____ # or _____ kg
 Establish two intravenous lines NS at KVO _____ cc/hr Saline lock
 Cardiac monitor O₂ at 2 liters NC, Titrate to keep SaO₂ ≥ 92%

Meds: Aspirin 81 mg x 4 chew now Aspirin 81 mg x 2 chew now
 Plavix (clopidogrel) 300mg PO now N/A - Aspirin (at least 162mg) taken PTA
 Nitroglycerin 0.4mg SL q 5 minutes x 3 prn chest discomfort, document change in pain
 Nitroglycerin 1/2" 1" 2" paste topically to anterior chest wall
 Nitroglycerin IV drip at 20 mcg/min and increase 10 mcg/min q 5-10 minutes, titrate
 Morphine sulfate 4 mg IV q 5 minutes prn chest discomfort unrelieved with NTG
 TNKase (tenecteplase) 30 mg for pts < 60 kg Ordered at _____
 35 mg for pts 60-69 kg Given at _____
 40 mg for pts 70-79 kg
 45 mg for pts 80-89 kg
 50 mg for pts ≥ 90 kg

Thrombolytic contraindicated (absolute contraindications in bold) due to
 prior hemorrhagic stroke uncontrolled hypertension (BP > 180/110)
 CNS neoplasm current anticoagulation
 CVA/TIA in last 12 months know bleeding diathesis
 active internal bleeding history of prior CVA or CNS pathology
 suspect aortic dissection patient/family refuses thrombolytic
 suspect pericarditis noncompressible vascular puncture
 pregnancy / active ulcer disease internal bleeding in past 2-4 weeks
 recent trauma in past 2-4 weeks (head/spine trauma, CPR > 10 min, surgery)

Patient meets criteria for emergent PCI – notify cath lab / cardiologist immediately

Heparin 60 U/kg IV bolus (max 4000 U) then 12 U/kg/hr (max 1000 U/hr) IV drip
 Lovenex (enoxaparin) 30mg IV now then 1 mg/kg SQ q 12 hours
 Heparin 80 U/kg bolus then 18 U/kg/hr for patients **NOT** receiving thrombolytic agent
 Lopressor (metoprolol) 5 mg IV over 2 min q 5 min x 3 25 mg PO 50 mg PO now
 Tenormin (atenolol) 5 mg IV q 5 minutes x 2
 Beta-blocker contraindicated due to hypotension bradycardia CHF
 asthma / COPD _____

ECG: 12-lead ECG prn ventricular ectopy / arrhythmia / chest pain
 12-lead ECG 30, 60 and 90 minutes after thrombolytic administration

If thrombolytic is contraindicated or patient failed to reperfuse 90 minutes after thrombolytic administration, notify cardiologist, nursing supervisor, and cath lab team for emergent PCI (consider GP IIb/IIIa inhibitor).

Emergency Physician Signature _____



St. Rose Dominican Hospital

CHW

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**ACUTE ST-ELEVATION MYOCARDIAL
INFARCTION EMERGENCY
DEPARTMENT ORDERS**

PATIENT IDENTIFICATION