EMERGENCY DEPARTMENT SUSPECTED ACS CARE MAP

TIMI RISK SCORE CRITERIA: A risk score of 4 indicates high risk Each category is 1 point each ☐ Age over 65 ☐ Prior stenosis more than 50% ☐ Aspirin use in the last 7 days ☐ More than 2 anginal events in 24 hours ☐ ST segment deviation (automatic hi risk) ☐ ↑ cardiac markers (automatic hi risk) Risk Score _____	☐ 3 or more of CAD risk factors below (circle) • Diabetes • Hypercholesterolemia • Hypertension • Recent smoker • Obesity • Family History of CAD • Prior Stroke • Renal Insufficiency	***Hi Risk:** ↑ cardiac markers, ST ↓, transient ST ↑, over 20 min rest pain, hemodynamic instability, signs of CHF **Moderate Risk:** No hi risk features, prior MI, prior CABG, T-wave inversions, over 20 min rest angina relieved promptly by NTG, Age over 70 yrs **Low Risk:** No hi or mod risk features, progressive angina w/o prolonged rest pain, nl cardiac markers, nl EKG w/ pain

Time Ordered	Time Given	RN Intl	Immediate Stabilization/Assessment Actions for All Suspected ACS patients
			Address ABCs, IV access (2 large bore peripheral IV's if possible)
			Measure vital signs, bp/pulse both arms, O2 Saturation, Cardiac Monitor
			O2 at 4 liter/min nasal cannula or_____% ventimask if COPD or Acute Resp Failure
			Obtain 12 lead EKG
			***If STEMI or Hi Risk NSTEMI, Contact Cardiologist As Soon As Possible**
			Chest pain Order Set, Repeat Troponin, CPK and CPK MB every 3 hours in ED
			Request Old Records
			EKG p.r.n. recurrent Chest Pain
			IV Bolus NS of_____ ml for hypotension in absence of CHF
			Immediate General Treatment
			☐ Aspirin (four 81mg chewable) ☐ Already had ☐ Contraindicated
			☐ Plavix (Clopidogrel) 300 mg po if patient is not a candidate for Cath Lab
			β blockers **SELECT ONE** ☐ Metoprolol (Lopressor) 5mg IV every 5 min up to 3 doses if SBP over 100 mm/hg ☐ Metoprolol (Lopressor) po dose ☐ Atenolol (Tenormin) po dose ☐ Calcium Channel Blocker if hemodynamically stable and β blocker contraindicated: Name of CCB Dose _____
			☐ Nitroglycerin SL (0.4 mg every 5 min p.r.n. pain X3) HOLD if SBP less than 100 mm/hg or pt on "Erectile Dysfunction" drugs
			☐ Start Nitroglycerin drip at 50mg/250 D5W 10/microgram/min, titrate up by 5 microgram/min p.r.n. chest pain (do not increase if SBP less than 100) Notify doctor if rate reaches 40 microgram/min.
			Anticoagulant Rx **SELECT ONE** ☐ Lovenox (Enoxaparin) 30 mg IV bolus plus 1mg/kg SQ (Adjust dose for renal failure) only for patients under 75 years old and whose creatinine is under 2.5 mg/dL in men, under 2mg/dL in women ☐ Heparin 60 units/kg (Max 4000 units IV bolus, then 12 units/kg/hr IV drip (Max 1000 units/hr)
			Adjunctive Treatments
			☐ Integrilin (Eptifibatide) bolus 180 microgram /kg and infuse at 2 microgram /kg/min ☐ Renal dose Integrilin (creatinine 2-4 mg/dL) 180 microgram/kg bolus and infuse 1 microgram/kg/min
			☐ Morphine 2 mg IV every 5 min for pain. Over 10mg requires new order
			☐ Call Doctor: (Name)
			☐ Call Doctor: (Name)
			☐ Call Doctor: (Name)
			☐ Admit to Doctor: (Name) ☐ Admit to Critical Care Unit ☐ Teaching Service ☐ Transfer to: ☐ Admit to Telemetry ☐ To Cath Lab per Dr. _____ Signature_____ Date:_____

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MR.EDORDER

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ST. VINCENT CHARITY MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com
A Ministry of the Sisters of Charity Health System

PATIENT LABEL