



St. Nicholas Hospital

Chest Pain - Low Risk - Supplemental Admission to Cardiac, Adult

Consults

- Consult to cardiology regarding: _____

Medications - Scheduled

- aspirin , delayed release 81 mg orally once a day
- docusate sodium 100 mg orally 2 times a day

Medications - Contingency (PRN)

- nitroglycerin 0.4 mg tablet sublingually every 5 minutes for 3 doses PRN for chest pain
- calcium carbonate 1,000 mg orally every 6 hours PRN for dyspepsia
- morphine 2 mg intravenously every 5 minutes x 3 doses PRN for chest pain

Nursing

- Cardiac monitor

Laboratory

- Cardiac Reflex Panel STAT (includes repeat every 2 hours x 2), **if not ordered in ED**
 - Myoglobin -Repeat x1 only
 - Troponin-I
 - Creatine kinase, MB isoenzyme (CK-MB)
- Thyrotropin (TSH) reflex

Diagnostic Tests



Cardiology *

- An ECG should be ordered on all patients with chest pain of suspected cardiac etiology
 - 12-lead ECG
 - Exercise ECG test
 - Radionuclide cardiac imaging, stress
 - MD performing the stress test: _____

Noncategorized

Reminders

- Patients with chest pain who are at low risk for acute myocardial infarction/ST-segment elevation myocardial infarction (MI/STEMI) can be safely evaluated in a short-stay chest pain unit (admitted to Observation) and, when acute MI/STEMI is ruled out, discharged after approximately 24 hours

Physician Signature: _____

Date: _____ Time: _____

Please initial each place that a deletion, addition, or strike through has occurred. Any changes made after initial authentication requires a new order sheet.