

Transport #'s

KRMC Transfer Center 751-8999

St Pat's Direct Admit Line 888-878-7287

CMC 327-4726

Alert 866-302-9767 or Transfer Center

Lake County Dispatch for Ground 883-7301

Life Flight 800-991-7363

**Order Worksheet for Chest Pain Patients**

**\*\*\*Does not take the place of Meditech Order Entry\*\*\***

This is only to help facilitate accurate, clear, timely communication and for report. NOT a part of patients permanent record.

Full Mission : Lifeline MT STEMI, UA/NON STEMI Order sets/recommendations located in policy folder at nurses station.

Order, Time/MD

Time Complete/Drawn

**\*\*EKG within 5 minutes of arrival/Goal\*\***

Continuous Telemetry  
 Supplemental O2 prn to keep SpO2>94%  
 VS q5 mins x3, then q10mins or as indicated  
 X2 PIV

BMP, CBC, Trop, Lipid profile, PT/INR, PTT STAT

Portable CXR

**Aspirin** chewable 324mg po or \_\_\_\_\_(dose)

**Plavix** 300mg po or 75 mg po (if patient >75 yrs, reduce to 75mg po)

**Nitroglycerin** 0.4mg SL PRN q5min x3

If no contraindications ie, hypotension, RV infarct (II, III, AVF),  
 ED meds

**Nitroglycerin** infusion at 5-20 mcg/min,

increase by 5mcg/min q3-5 prn CP if not contraindicated

**Metoprolol** 25mg PO or Metoprolol 5mg IV x3 avoid if

SP<90mm Hg, heart block, HR <50, acute failure, bronchospasm

**Morphine** 1-5 mg IV prn

**Fentanyl** IV prn \_\_\_\_\_ (dose/freq)

**Zofran** 4mg IV q6hrs prn nausea/vomiting

**IVF** \_\_\_\_\_

**Anticoagulant: CHOOSE HEPARIN OR LOVENOX**

**Heparin:** IV bolus of 60units/kg (max 4000 units),

THEN 12units/kg/hr (max 1,000/hr) as cont IV infusion

**OR**

Pts <age 75: **Lovenox** 30 mg IV push NOW and 1mg/kg SQ 30min  
 after, then repeat q12 hrs

Pts>age 75:**Lovenox** 0.75mg/kg SQ, then q12 hrs.

**\*\*\*See Reverse for TNKase\*\*\***

Patient

Weight

Allergies

DOB

**\*\*Door to Thrombolytic administration time <30 min\*\***

STEMI Physician Order Set available in Policy Folder at nurses station with Diagnostic Criteria for STEMI

**\*\*\*\*\*INFORMATIONAL WORKSHEET ONLY\*\*\*\*\***

**Fibrinolysis:TNKase (Tenecteplase) IV**

<b>Less than 60 kg</b>	<b>30mg</b>	<b>6ml</b>
<b>60kg or more but less than 70kg</b>	<b>35mg</b>	<b>7ml</b>
<b>70kg or more but less than 80kg</b>	<b>40mg</b>	<b>8ml</b>
<b>80 or more but less than 90kg</b>	<b>45mg</b>	<b>9ml</b>
<b>90 or more kg</b>	<b>50mg</b>	<b>10ml</b>