

# ACUTE MI CARE MAP STANDARD PRE-PRINTED ORDERS:

Approved Initiative of the Winnipeg Regional Health Authority

**These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy, contraindications and clinical condition must be considered when completing these orders.**

Standard orders. If not in agreement with an order cross out and initial.  Requires a check (✓) for activation

MEDICATION ORDERS	ORDER TRANSCRIBED	GENERAL ORDERS	
Allergies: <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes _____			
<p><b>Weight</b> _____ kg</p> <p><b>Diagnosis:</b></p> <p><input type="checkbox"/> Non STEMI</p> <p><input type="checkbox"/> STEMI post fibrinolytics</p> <p><input type="checkbox"/> STEMI with <b>NO</b> fibrinolytics</p> <p><input checked="" type="checkbox"/> Additional orders for anticoagulant/antiplatelet per diagnosis</p> <p><input checked="" type="checkbox"/> Beta Blocker</p> <p>_____</p> <p><input checked="" type="checkbox"/> Nitroglycerin Spray 0.4 mg sublingual prn for chest pain</p> <p><input checked="" type="checkbox"/> Acetaminophen _____ mg po (usual dose 325 - 650 mg) q4h prn for mild to moderate pain (maximum dose 4 grams/24 hours)</p> <p><input checked="" type="checkbox"/> Morphine _____ mg IV prn for chest pain (usual dose 2.5 mg IV prn)</p> <p><input checked="" type="checkbox"/> DimenhyDRINATE _____ mg po/IM/IV (usual dose 25 - 50 mg) q4h prn for nausea and vomiting</p> <p><input checked="" type="checkbox"/> Antacid 30 mL PO q2h prn for gastrointestinal upset</p> <p><input checked="" type="checkbox"/> Laxative of choice:</p> <p><input type="checkbox"/> Bisacodyl _____ mg po/PR (usual dose 5 - 10 mg) HS prn for constipation</p> <p><input type="checkbox"/> _____</p> <p><input checked="" type="checkbox"/> Lipid lowering agent: (consider high dose statin if not contraindicated)</p> <p>_____</p> <p><input type="checkbox"/> LORazepam _____ mg po/sublingual (usual dose 0.5 - 1 mg) HS prn for anxiety/insomnia</p> <p><input type="checkbox"/> ACE Inhibitor or angiotensin receptor blocker</p> <p>_____</p> <p><input type="checkbox"/> Nitroglycerin patch: _____</p> <p><input checked="" type="checkbox"/> Assess for signs/symptoms of nicotine withdrawal and consider therapy (anxiolytic and nicotine replacement therapy)</p> <p><input type="checkbox"/> Consider completing order set for monitoring and treatment for glycemic control</p> <p>_____</p> <p><b>For patients with high risk of bleeding:</b></p> <p><input type="checkbox"/> Ranitidine: _____</p> <p><input type="checkbox"/> Proton Pump Inhibitor: _____</p>	ORDER TRANSCRIBED	<p><b>Activity:</b></p> <p><input checked="" type="checkbox"/> If early discharge anticipated progress activity as per Physiotherapist directions</p> <p><input checked="" type="checkbox"/> Weight on admission</p> <p><b>Intravenous:</b></p> <p><input checked="" type="checkbox"/> IV of NS at TKO x 48 hours from admission</p> <p><input checked="" type="checkbox"/> IV lock for bloodwork</p> <p><input type="checkbox"/> Saline lock</p> <p><b>Oxygen:</b></p> <p><input checked="" type="checkbox"/> Oxygen prn to maintain SpO<sub>2</sub> greater than or equal to 90%</p> <p><b>Diagnostics:</b></p> <p><input checked="" type="checkbox"/> CK q8h x 24 hours (i.e. 3 sets are done)</p> <p><input checked="" type="checkbox"/> HSTnT if not performed in Emergency Department</p> <p><input checked="" type="checkbox"/> aPTT 6 hours post start of heparin IV infusion</p> <p><input checked="" type="checkbox"/> 12 lead ECG day 2 and 3</p> <p><input checked="" type="checkbox"/> 12 lead ECG if chest discomfort unrelieved by 2 nitroglycerin sprays</p> <p><input checked="" type="checkbox"/> CBC, platelets day 2, 3 and 4</p> <p><input checked="" type="checkbox"/> ALT/AST on day 1 (with admission sample from the ED)</p> <p><input checked="" type="checkbox"/> Lipid profile with admission sample from the ED: HDL, LDL, total cholesterol, triglycerides, TC-HDL ratio</p> <p><input checked="" type="checkbox"/> Chest x-ray in a.m. if not done in the ED</p> <p><input checked="" type="checkbox"/> Fasting bloodwork - electrolytes, urea, creatinine, glucose, total CO<sub>2</sub>, in a.m. on day 2 and 4</p> <p><input checked="" type="checkbox"/> CK day 3</p> <p><input checked="" type="checkbox"/> Risk stratification _____</p> <p><input checked="" type="checkbox"/> Clinical Dietitian consult if serum lipid elevated and/or diabetic or unable to attend out patient class</p> <p><input checked="" type="checkbox"/> Consult Physiotherapy</p> <p><input type="checkbox"/> Consult Pharmacy</p> <p><b>Diet:</b></p> <p><input checked="" type="checkbox"/> Sodium 100 mmol, modified fat</p> <p><input type="checkbox"/> Controlled carbohydrate</p> <p><input type="checkbox"/> Controlled carbohydrate with snack</p>	
<input checked="" type="checkbox"/> Discharge patient when all clinical outcomes are met.			
Signature and Designation	D	M	Y
Transcriber's Signature	D	M	Y

## **GUIDELINES FOR USE**

1. Standard orders are identified with a solid black box (■). These are initiated on all patients placed on the Care Map and are pre-printed on the Care Map.
2. To individualize the orders:
  - Check (✓) the order(s) you wish to activate, where empty boxes (□) are provided.
  - Add other orders in blank spaces provided.
  - If not in agreement with the standard orders (defined with a solid black box) cross out, initial the order and write variance.
3. Orders written after these initial orders will be on the standard facility order form.
4. The Standard Order form is placed in the Physician Order Form section of the chart.

## **TRANSCRIPTION OF ORDERS**

1. Transcribe the orders onto the Care Map by placing a “✓” in the box (□) before the item on the Care Map.
2. Additional orders written on this form or on standard facility order form are transcribed onto the Care Map in the appropriate time frame. Make a “✓” inside a box (□) to indicate a physician’s order.
3. Enter your signature, date and time when the orders have been transcribed.
4. Process medication orders, treatments and tests.

# ACUTE MI CARE MAP

## STANDARD PRE-PRINTED ORDERS:

### Anticoagulant/Antiplatelet

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MEDICATION ORDERS	ORDER TRANSCRIBED	GENERAL ORDERS
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Allergies:  Unknown  No  Yes \_\_\_\_\_

Weight \_\_\_\_\_ kg

### Non-STEMI & STEMI with NO Fibrinolytics:

**■ Antiplatelet Agent**

- ASA EC \_\_\_\_\_ mg po once daily (usual dose 81 - 325 mg)  
*Note: if on ticagrelor maximum ASA dose is 100 mg*

**■ Additional Antiplatelet Agent**

- Clopidogrel \_\_\_\_\_ mg po x 1 (LOAD) (usual dose 300 - 600 mg po - ensure load not already given)
- Clopidogrel \_\_\_\_\_ mg po once daily (usual dose 75 mg)
- Ticagrelor \_\_\_\_\_ mg po x 1 (LOAD) (usual dose 180 mg po - ensure load not already given)
- Ticagrelor \_\_\_\_\_ mg po q12h (usual dose 90 mg)

**■ Anticoagulant Agent**

(Enoxaparin and fondaparinux not recommended in renal failure with Crcl less than 30 mL/minute. See AMI standards document for options)

- Enoxaparin 1 mg/kg subcut q12h (maximun single dose 140 mg)
  - 40 - 49 kg = 40 mg
  - 50 - 69 kg = 60 mg
  - 70 - 89 kg = 80 mg
  - 90 - 109 kg = 100 mg
  - 110 - 129 kg = 120 mg
  - 130 - 149 kg = 140 mg (2 syringes: 100 mg + 40 mg)
  - Greater than 149 kg Use unfractionated heparin

**OR**

- Fondaparinux 2.5 mg subcut q24h (Medical management only; not for use if planned/likely PCI or CABG)

**OR**

- Refer to acute coronary syndrome heparin IV dose adjustment form

**■ Discharge patient when all clinical outcomes are met.**

Signature and Designation	D	M	Y
Transcriber's Signature	D	M	Y

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Weight \_\_\_\_\_ kg

#### STEMI Post-Fibrinolytics:

**■ Antiplatelet agent**

- ASA EC \_\_\_\_\_ mg po once daily (usual dose 81 - 325 mg)
- Clopidogrel \_\_\_\_\_ mg po (LOAD) x 1  
(less than 75 years usual load 300 mg po - ensure load **not** already given; greater than or equal to 75 years **NO** load)
- Clopidogrel \_\_\_\_\_ mg po once daily (usual dose 75 mg)

**■ Anticoagulant:**

**NOTE: Enoxaparin not recommended in renal insufficiency with CrCl less than 30 mL/minute.**  
**NOTE: Check ER record for first dose given**

- Enoxaparin (LESS THAN 75 years of age)**  
1 mg/kg subcut q12h  
(maximum 100 mg per dose in first 24 hours)

**Weight Dose**

- 40 - 49 kg = 40 mg
- 50 - 69 kg = 60 mg
- 70 - 89 kg = 80 mg
- 90 - 109 kg = 100 mg
- 110 - 129 kg = 100 mg x first 2 doses,  
then 120 mg thereafter
- 130 - 149 kg = 100 mg x first 2 doses,  
then 140 mg thereafter
- Greater than 149 kg = Use unfractionated heparin

- Enoxaparin (75 years of age OR OLDER)**  
0.75 mg/kg subcut q12h  
(maximum 80 mg per dose in first 24 hours)

**Weight Dose**

- 40 - 49 kg = 30 mg
- 50 - 69 kg = 40 mg
- 70 - 94 kg = 60 mg
- 95 - 119 kg = 80 mg
- 120 - 149 kg = 80 mg x first 2 doses,  
then 100 mg thereafter
- Greater than 149 kg = Use unfractionated heparin

- Refer to acute coronary syndrome heparin IV dose adjustment form

- Fibrinolytic therapy patients: 12 lead ECG at 1 and 8 hours post infusion, neurological assessment at baseline, q1h x 2, then q4h x 24 hours**

- aPTT 6 hours post start of heparin IV infusion then once daily**
- INR on day 1

**■ Discharge patient when all clinical outcomes are met.**

Signature and Designation D M Y

Transcriber's Signature D M Y