



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg
Centre for Health À l'écoute de notre sa

EMERGENCY DEPARTMENT SUSPECT ACUTE CORONARY SYNDROME (ACS) CARE MAP NURSING SECTION

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

Automatically Activate, if not in agreement, cross out and initial **Activated by Checking Box**

Allergies: Unknown No Yes _____ **Weight estimated:** _____ **kg**

Pre-hospital:

WFPS Onset of pain @ _____ ECG @ _____ ASA @ _____ Nitro @ _____ Nitropatch @ _____
Fentanyl @ _____ TNK @ _____ Clopidogrel @ _____ Enoxaparin IV @ _____ Enoxaparin subcut @ _____

Triage:

1. Ensure Triage Category of Level 1 or 2
2. Call operator and ask for a STAT 12 Lead ECG stating location. (STAT within 10 minutes of call.)
3. Time ECG called: _____
5. Taken sildenafil (Viagra) or vardenafil (Levitra) within last 24 hours Yes__ No__ If yes, withhold Nitrates and proceed with Morphine
6. Taken tadalafil (Cialis) within last 48 hours Yes__ No__ If yes, withhold Nitrates and proceed with Morphine

Date: _____ Time: _____ Signature: _____

Nurse Initiated Orders and Documentation:	Time	Initials
<input checked="" type="checkbox"/> Oxygen therapy to maintain oxygen saturation at > 95% O ₂ started at _____ L/min per _____		
<input checked="" type="checkbox"/> Stat 12-lead ECG. Obtain 15-lead ECG if initial 12 lead ECG non-diagnostic OR ST elevation in II/III/aVF OR ST depression in V1 and V2 with/without prominent R waves		
<input checked="" type="checkbox"/> Draw CBC, electrolytes, urea, creatinine, glucose, troponin, CO ₂ , INR/PTT		
<input checked="" type="checkbox"/> Establish IV or Lock with Normal Saline		
<input checked="" type="checkbox"/> Establish second IV with normal saline for fibrinolytic patients & send Group & Hold		
ASA taken prior 24 hours Yes _____ No _____ Dose _____ Time Taken _____ Clopidogrel Yes _____ No _____ Dose _____ Time taken _____		
<input checked="" type="checkbox"/> ASA 160 mg po administered (if not taken pre-hospital) <input type="checkbox"/> Triage		
<input checked="" type="checkbox"/> Nitroglycerin 0.4 mg spray or 0.3 mg tablet SL prn x 3 doses for chest pain if systolic BP > 90 mmHg.	SEE MAR	
<input checked="" type="checkbox"/> Morphine 2.5 mg IV for continued unrelieved chest pain to maintain systolic BP > 90 mmHg		
<input type="checkbox"/> Repeat troponin (6 hours from symptom onset and as indicated) @ _____ hours @ _____		
<input type="checkbox"/> 12 lead ECG Repeated q 15 minutes with ongoing pain @ _____ @ _____ @ _____		
<input type="checkbox"/> NSTEMI/UA Order Sheet		
<input type="checkbox"/> STEMI Order Sheet		
<input type="checkbox"/> If patient in ER >12 hours, consult with physician re: initiating Acute MI Care Map Order Sheet		

IV The.

Time	Site/Gauge	Solution	Established Volume	Initials	Absorbed		Oral Intake	Output	Initials
					Time	Volume			

Initial Nursing Assessment		Date	Time	Initials
Chest Pain Description (PQRST)				
<p>■ Vital signs (including oxygen saturation) q 15 minutes for 1 hour, then q 1h x 6 hours and q4h until discharge or admission. Continue q 15 minutes with ongoing chest pain and/or unstable vital signs.</p> <p>Vital Signs BP R_____ L_____ RR_____ Temp_____ SpO2_____ on _____ oxygen</p>				
<p>■ Place on continuous cardiac monitoring and alarms (including ST) activated. Analyze admitting strip. Mount strips with rhythm changes.</p> <p>Rate A_____ V_____ AV Conduction_____ PR Interval_____ QRS Interval_____ QT_____ Interpretation_____ ST III_____ V3_____</p>				
<p>Baseline Nursing Assessment ✓ If normal assessment * If abnormal assessment (requires a narrative note) Time_____</p>				
<p>NEUROLOGICAL ASSESSMENT - Alert and oriented to person, place and time. Behavior appropriate to situation. Obeys simple commands. Verbalization clear and understandable. Purposeful and symmetrical movement of all extremities. Denies difficulty swallowing. No headache.</p>				
<p>CARDIOVASCULAR ASSESSMENT - Regular radial pulse at 60-100 bpm at rest. Screen and radial pulse correlates. Skin warm, dry and intact. Mucous membranes moist. Absence of redness, rash or ulceration. No bruising present. Evidence of adequate hydration. Peripheral pulses present at +2. No edema, no calf tenderness, no chest pains, no diaphoresis.</p>				
<p>RESPIRATORY ASSESSMENT - Respirations 10-20 per minute at rest, quiet and regular. Breath sounds adequate. No crackles or wheezes. Sputum absent /clear. No pallor or cyanosis of nail beds or mucous membranes. No pain with respiration.</p>				
<p>GASTROINTESTINAL ASSESSMENT - Bowel sounds active in all 4 quadrants. Abdomen soft. No pain on palpation. No nausea or vomiting. No pain.</p>				
<p>GENITOURINARY ASSESSMENT - States able to empty bladder. No hematuria. Urine clear and yellow to amber in colour. Bladder not distended on palpation. No pain.</p>				
<p>Past Medical History:</p>				
<p>Medications:</p>				
<p>SBGH only <input type="checkbox"/> See Medication Reconciliation Form</p>				

Complete the following neurological assessment for fibrinolytic therapy patients ONLY. Times of assessment: Baseline (pre-administration), then q1h x 2 from bolus, then q4h x24 hours.

Glasgow Coma Scale	Eye Opening	Spontaneous	4	Baseline	Motor Assessment	Stimulation: P - pain T - touch Sp - spontaneous	Arms	R				
		To speech	3					L				
		To pain	2									
		No response	1									
	Best Verbal Response	Oriented	5				Power: S - strong M - moderate W - weak AS - absent spastic AF - absent flaccid	Legs	R			
		Disoriented	4						L			
		Inappropriate speech	3					Initials				
		Incomprehensible sounds	2						DO - decorticate/abnormal flexion DE - decerebrate/abnormal extension			
		No response	1									
	Best Motor Response	Obeys command	6				Pupil Assessment	Size: Reactions: ● 2 ● 4 ● 6 ● 8 N - normal S - sluggish F - fixed	Time			
Localizes to pain		5			Size/Reaction	R						
Withdraws to pain		4				L						
Flexion to pain		3				R						
Extension to pain		2				L						
No response		1			Initials							
Total Score		15										
Initials												

Nursing Reassessments

■ Document Vital Signs, O₂ saturation, and ST segment monitoring q15 minutes x 1hour, then 30 minutes x 2, then q1h x6 hours, then q4h until discharge. Continue q15minutes (vital signs, O₂ saturation and ST monitoring) with ongoing chest pain and unstable vital

Time	BP	P Radial/Screen	ST		RR	SpO ₂	Pain (0 - 10)	Medication/Reassessments (outcomes)	Initials
			III	V3					
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Focal Assessments q4h until discharge	Time	✓ If normal assessment * If abnormal assessment (requires a narrative note)
NEUROLOGICAL ASSESSMENT - Alert and oriented to person, place and time. Behavior appropriate to situation. Obeys simple commands. Verbalization clear and understandable. Purposeful and symmetrical movement of all extremities. Denies difficulty swallowing. No headache.		
CARDIOVASCULAR ASSESSMENT - Regular radial pulse at 60-100 bpm at rest. Screen and radial pulse correlates. Skin warm, dry and intact. Mucous membranes moist. Absence of redness, rash or ulceration. No bruising present. Evidence of adequate hydration. Peripheral pulses present at +2. No edema, no calf tenderness, no chest pains, no diaphoresis.		
RESPIRATORY ASSESSMENT - Respirations 10-20 per minute at rest, quiet and regular. Breath sounds adequate. No crackles or wheezes. Sputum absent /clear. No pallor or cyanosis of nail beds or mucous membranes. No pain with respiration. No pain.		
GASTROINTESTINAL ASSESSMENT - Bowel sounds active in all 4 quadrants. Abdomen soft. No pain on palpation. No nausea or vomiting. No pain.		
GENITOURINARY ASSESSMENT - States able to empty bladder. No hematuria. Urine clear and yellow to amber in colour. Bladder not distended on palpation. No pain.		

Nursing to Complete			Initials
Discharge Teaching:	Provided:	Reviewed	
Nitro Sheet	<input type="checkbox"/>	<input type="checkbox"/>	
Lipid Lowering Sheet	<input type="checkbox"/>	<input type="checkbox"/>	
Beta blocker sheet	<input type="checkbox"/>	<input type="checkbox"/>	
Antiplatelet Sheet	<input type="checkbox"/>	<input type="checkbox"/>	
ACE Inhibitor Sheet	<input type="checkbox"/>	<input type="checkbox"/>	
MB Heart and Stroke Foundation Angina Brochure	<input type="checkbox"/>	<input type="checkbox"/>	
Guide to Coronary Angiogram and Angioplasty/Stent Brochure	<input type="checkbox"/>	<input type="checkbox"/>	
Fax Chest Pain Clinic Referral	<input type="checkbox"/>	<input type="checkbox"/>	
Other: _____			