



Hôpital général St-Boniface General Hospital

# ACUTE MI CARE MAP PHYSICIAN ORDER SHEET

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 and contraindications must be considered when completing these orders.**

**Automatically Activate, if not in agreement, cross out and initial**

**Activated by Checking Box**

See Guidelines on Reverse

Allergies:  Unknown  No  Yes \_\_\_\_\_

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

ALL MEDICATION and INTRAVENOUS ORDERS				GENERAL ORDERS		
ORDER #	DATE	TIME		ORDER #	DATE	TIME
<p><b>Diagnosis</b></p> <p><input type="checkbox"/> Non STEMI / Unstable Angina</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</p> <p><input type="checkbox"/> IV of normal saline at <math>\leq 35</math> ml/hour x 48 hours from admission</p> <p><input checked="" type="checkbox"/> Beta Blocker (see guidelines on reverse) _____</p> <p><input checked="" type="checkbox"/> Nitroglycerin 0.4 mg Spray/0.3 mg sublingual tablet prn for chest pain</p> <p><input checked="" type="checkbox"/> Acetaminophen 325 - 650 mg po q4h prn for mild to moderate pain</p> <p><input checked="" type="checkbox"/> Narcotic prn for severe pain _____</p> <p><input checked="" type="checkbox"/> Dimenhydrinate 25 - 50 mg po/IM/IV q4h prn for nausea or vomiting</p> <p><input checked="" type="checkbox"/> Antacid 30 ml po q2h prn for GI upset</p> <p><input checked="" type="checkbox"/> Laxative of choice:</p> <p><input type="checkbox"/> Bisacodyl 5 - 10 mg po/pr prn for constipation</p> <p><input type="checkbox"/> _____</p> <p><input checked="" type="checkbox"/> Lipid lowering agent (if LDL &gt; 1.8 mmol/L): _____</p> <p>_____</p> <p><input type="checkbox"/> Lorazepam 0.5 - 1 mg po/sl hs prn for anxiety or insomnia</p> <p><input type="checkbox"/> Avoid constipation, consider stool softener _____</p> <p><input type="checkbox"/> ACE inhibitor (see guidelines on reverse) _____</p> <p>_____</p> <p><input type="checkbox"/> Nitroglycerin patch: _____</p> <p><input type="checkbox"/> Complete order set for monitoring and treatment for glycemic control</p>				<p><b>Activity:</b></p> <p><input checked="" type="checkbox"/> If early discharge anticipated, progress per physiotherapy discretion</p> <p><b>Oxygen:</b></p> <p><input checked="" type="checkbox"/> Oxygen for 6 hours from admission (maintain SpO<sub>2</sub> <math>\geq</math> 92%)</p> <p><input checked="" type="checkbox"/> Oxygen prn to maintain SpO<sub>2</sub> <math>\geq</math> 92% and/or in the presence of chest pain</p> <p><b>Diagnostics:</b></p> <p><input checked="" type="checkbox"/> CK q8h x 3 from admission 1 _____ 2 _____ 3 _____</p> <p><input checked="" type="checkbox"/> Troponin q8h x 3 from admission or until first positive result obtained 1 _____ 2 _____ 3 _____</p> <p><input checked="" type="checkbox"/> CBC, platelets on Step 2, 3, 4 Step 2 _____ Step 3 _____ Step 4 _____</p> <p><input checked="" type="checkbox"/> Lipid profile with admission sample from the ED: HDL, LDL, total cholesterol, Triglycerides, C-HDL ratio</p> <p><input checked="" type="checkbox"/> Fasting bloodwork - electrolytes, urea, creatinine, glucose, total CO<sub>2</sub>, on Step 2 and 4 Step 2 _____ Step 4 _____</p> <p><input checked="" type="checkbox"/> 12 lead ECG OD on Step 2 and 3 Step 2 _____ Step 3 _____</p> <p><input checked="" type="checkbox"/> ALT and AST on admission and day 3</p> <p><input checked="" type="checkbox"/> Chest x-ray in a.m. if not done in the ED</p> <p><input checked="" type="checkbox"/> Risk stratification _____</p> <p><b>Diet:</b></p> <p><input checked="" type="checkbox"/> Modified fat, Sodium 100 mmol and</p> <p><input type="checkbox"/> Controlled carbohydrate</p> <p><input type="checkbox"/> Controlled carbohydrate with hs snack</p> <p><b>Consults:</b></p> <p><input checked="" type="checkbox"/> Physiotherapy _____</p> <p><input checked="" type="checkbox"/> Occupational Therapy _____</p> <p><input checked="" type="checkbox"/> Pharmacy _____</p> <p><input checked="" type="checkbox"/> Clinical Dietitian _____</p> <p><input checked="" type="checkbox"/> Pastoral Care _____</p> <p>_____</p>		
<p>PHYSICIAN'S SIGNATURE (GENERIC EQUIVALENT AUTHORIZED)  _____ M.D.</p>						
<p>FAX SENT <input type="checkbox"/> DATE _____ TIME _____</p>						

## 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. RN verification required as per SBGH protocol.
4. Process medication orders, treatments and tests.

### Beta Adrenergic Receptor Blocking Agents (Beta Blockers)

#### Class I

- Oral beta blocker therapy should be initiated in the first 24 hours for patients who do not have any of the following: 1) signs of heart failure 2) evidence of a low output state, 3) increased risk\* for cardiogenic shock, or 4) other relative contraindications to beta blockade (PR interval greater than 0.24 seconds, second- or third-degree heart block, active asthma, or reactive airway disease). (*Level of Evidence: B*)

#### Class IIa

- It is reasonable to administer an IV beta-blocker at the time of presentation to STEMI patients who are hypertensive and who do not have any of the following: 1) signs of heart failure, 2) evidence of a low output state, 3) increased risk\* for cardiogenic shock, or 4) other relative contraindications to beta blockade (PR interval greater than 0.24 seconds, second- or third-degree heart block, active asthma, or reactive airway disease). (*Level of Evidence: B*)

### ACE Inhibitor (or ARB) and titrate in absence of signs of hypotension

#### Class I

- The administration of an ACE inhibitor is a Class I\* recommendation in patients within 24 hours of a suspected AMI with ST segment elevation in > 2 anterior precordial leads or with clinical heart failure in the absence of hypotension (systolic BP < 100 mmHg).

#### Class IIa

- The administration of an ACE inhibitor is a Class IIa\* recommendation in patients within the first 24 hours of a suspected or established AMI, provided significant hypotension or other clear-cut contraindications are absent.
- The administration of an angiotensin receptor blocker (ARB) is a Class I recommendation in STEMI patients who are intolerant of ACE inhibitors and who have either clinical or radiological signs of heart failure or LVEF less than 0.40.

### Definition of classes:

- |           |   |
|-----------|---|
| Class I   | Excellent, definitely recommended, supported by excellent evidence, proven efficacy and effectiveness |
| Class IIa | Good to very good, acceptable and useful, good/very good evidence provides support                    |
| Class IIb | Fair to good, acceptable and useful, fair to good evidence provided support                           |
| Class III | Unacceptable, no documented benefit, may be harmful   |

### Reference:

- American College of Cardiology (2004). ACC/AHA guidelines for the management of patients with STEMI [www.acc.org](http://www.acc.org).  
American College of Cardiology (2007). Focused update of 2004 guidelines.



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# ACUTE MI CARE MAP PHYSICIAN ORDER SHEET Anticoagulant: Antiplatelet

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  - Activated by Checking Box**
- See Guidelines on Reverse**

Allergies:  Unknown  No  Yes \_\_\_\_\_

ALL MEDICATION and INTRAVENOUS ORDERS				GENERAL ORDERS		
ORDER #	DATE	TIME		ORDER #	DATE	TIME
<p><b>NonSTEMI &amp; STEMI with NO fibrinolytic</b></p> <p><b>Weight: _____ kg</b></p> <p><b>■ Antiplatelet Agent</b></p> <p><input type="checkbox"/> ASA EC ___ mg po once daily (usual dose is 81-325mg)</p> <p><input type="checkbox"/> Clopidogrel ___mg po (LOAD) x 1 (usual load 300mg PO - Ensure load <b>not</b> already given)</p> <p><input type="checkbox"/> Clopidogrel 75 mg PO once daily</p> <p><b>■ Anticoagulant</b> (Enoxaparin not recommended in renal insufficiency CrCl &lt; 30 ml/minute: See AMI Standards document for options)</p> <p><input type="checkbox"/> Enoxaparin 1 mg/kg subcut q12h (maximum single dose 140 mg)</p> <p><input type="checkbox"/> 40 - 49 kg = 40 mg</p> <p><input type="checkbox"/> 50 - 69 kg = 60 mg</p> <p><input type="checkbox"/> 70 - 89 kg = 80 mg</p> <p><input type="checkbox"/> 90 - 109 kg = 100 mg</p> <p><input type="checkbox"/> 110 - 129 kg = 120 mg</p> <p><input type="checkbox"/> 130 - 149 kg = 140 mg (2 syringes: 100 mg + 40 mg)</p> <p><input type="checkbox"/> &gt; 149 kg Use unfractionated heparin</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> Refer to heparin IV according to ACS nomogram (see pre-printed heparin dose adjustment order form)</p> <p>_____</p> <p>_____</p> <p>_____</p>						

<b>PHYSICIAN'S SIGNATURE</b> ➔			M.D.
FAX SENT <input type="checkbox"/>	DATE	TIME	



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### ALL MEDICATION and INTRAVENOUS ORDERS

### GENERAL ORDERS

ORDER #	DATE	TIME	ORDER #	DATE	TIME																																																						
<p><b>STEMI Post Fibrinolytics</b></p> <p><b>Weight: _____ kg</b></p> <p><input checked="" type="checkbox"/> <b>Antiplatelet Agent</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ASA EC ___ mg po once daily (usual dose is 81-325mg)</li> <li><input type="checkbox"/> Clopidogrel ___ mg po (LOAD) x 1 ( &lt; 75 years usual load 300 mg po - Ensure load not already given, no load if ≥ 75 years)</li> <li><input type="checkbox"/> Clopidogrel 75 mg once daily</li> </ul> <p><input checked="" type="checkbox"/> <b>Anticoagulant: (NOTE: Enoxaparin not recommended in renal insufficiency with CrCl &lt; 30 ml/minute).</b></p> <p><input type="checkbox"/> <b>Enoxaparin &lt; 75 years of age</b> 1<sup>st</sup> two doses Enoxaparin 1 mg/kg subcut q12h (maximum single dose 100 mg)</p> <table style="width: 100%; border: none;"> <tr><td style="text-align: center;"><b>Weight</b></td><td style="text-align: center;"><b>Dose</b></td></tr> <tr><td><input type="checkbox"/> 40 - 49 kg</td><td>= 40 mg</td></tr> <tr><td><input type="checkbox"/> 50 - 69 kg</td><td>= 60 mg</td></tr> <tr><td><input type="checkbox"/> 70 - 89 kg</td><td>= 80 mg</td></tr> <tr><td><input type="checkbox"/> 90 - 149 kg</td><td>= 100 mg</td></tr> <tr><td><input type="checkbox"/> &gt;149 kg</td><td>Use unfractionated heparin</td></tr> </table> <p>After 1<sup>st</sup> two doses Enoxaparin 1 mg/kg subcut q12h (maximum single dose is 140 mg)</p> <table style="width: 100%; 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Neurological assessment at baseline, q1h x 2, then q4h x 24 hours</p>		
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