Form Title  Emergency Department Chest Pain, Suspected Cardiac Adult Order Set

Form Number  20746

© 2018, Alberta Health Services, CKCM

This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. The license does not apply to content for which the Alberta Health Services is not the copyright owner.

To view a copy of this license, visit

https://creativecommons.org/licenses/by-nc-nd/4.0/

Disclaimer:  This material is intended for use by clinicians only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.
Goals of Care

Conversations leading to the ordering of a Goals of Care Designation (GCD) should take place as early as possible in a patient's course of care. The Goals of Care Designation is created, or the previous GCD is affirmed or changed resulting from this conversation with the patient or, where appropriate, the Alternate Decision-Maker.

Complete the Goals of Care Designation (GCD) Order Set within your electronic system, or if using paper process, complete the Provincial Goals of Care Designation (GCD) paper form (http://www.albertahealthservices.ca/frm-103547.pdf).

Intravenous Fluid Orders

- Intravenous Cannula - Insert
- IV Peripheral Saline Flush/Lock: Saline Lock

**IV Maintenance:**
- 0.9% NaCl infusion at ________ mL/hour, reassess after ________ hours
- lactated ringers infusion at __________ mL/hour, reassess after __________ hours

**IV Bolus:**
- 0.9% NaCl __________ mL over __________ hour(s)
- lactated ringers __________ mL over __________ hour(s)

Laboratory Investigations

**Hematology**
- Complete Blood Count (CBC)
- PT INR

**Chemistry**
- Troponin
- Repeat Troponin ________ time(s) *(specify collection time below)*
  - ________ : ________
  - ________ : ________
- Electrolytes (Na, K, Cl, CO2)
- Glucose
- Creatinine
- Urea
- Serum bHCG

**Urine Tests**
- Urine Dipstick Testing - POCT
- Urinalysis
- Pregnancy Test, Urine *(POCT if available)*

**Other Labs** *(based on presentation needs of the patient)*
- 
- 

Select orders by placing a (√) in the associated box
# Emergency Department
## Chest Pain, Suspected Cardiac Adult Order Set

Select orders by placing a (✓) in the associated box

### Diagnostic Imaging

- Chest x-ray usually indicated unless recently performed to rule out pneumonia, CHF, pneumothorax, etc.
- Chest X-Ray 2 projections (GR Chest PA and Lateral)
- Chest X-Ray 1 projection: Portable (GR Chest Portable)
- CT Chest Enhanced

### Other Investigations

- Electrocardiogram
  - 15 Lead (if signs of inferior ischemia or anterior ST depression)
  - 12 Lead every _______ minutes, _______ times (if ongoing symptoms suggestive of cardiac ischemia)
  - 12 Lead PRN for recurrent episodes of chest pain

### Medications

#### Antiplatelet Agents

*Should be administered to all patients at high risk of Acute Coronary Syndrome (ACS) as soon as practical after ED arrival if not taken by patient or administered by EMS prior to arrival. It is reasonable to delay acetylsalicylic acid (ASA) administration in low-risk patients or until an ACS diagnosis has been confirmed.*

- acetylsalicylic acid CHEW tab (ASA) 160 mg PO STAT x 1 dose UNLESS already administered during current presentation followed by ASA enteric coated 81 mg PO daily

*If true allergy to ASA or confirmed ACS*

Choose ONE only

- ticagrelor 180 mg PO once (preferred agent for patients undergoing Percutaneous Coronary Intervention [PCI])
- clopidogrel (specify dosage):
  - 300 mg PO once
  - 600 mg PO once

#### Nitrates

- nitroglycerin SL spray *(each spray delivers 0.4 mg nitroglycerin)* 1 spray sublingually every 5 minutes PRN up to 5 doses; Notify authorized prescriber if persistent symptoms after 3 doses; HOLD if SBP less than 100 mmHg

*If sublingual nitroglycerin ineffective and high probability of cardiac chest pain consider nitroglycerin infusion.*

- nitroglycerin infusion *(non-weight based)*
  - Start at 5 microgram/min IV continuous; increase by 5 to 10 microgram/min q3 to 5 minutes as needed up to 20 micrograms/min; then by 10 to 20 microgram/min q3 to 5 minutes, as needed, to a maximum of 200 microgram/min

- nitroglycerin infusion *(weight based)*
  - Start at 0.1 to 0.2 microgram/kg/min IV continuous; increase by 0.1 microgram/kg/min q3 to 5 minutes as needed up to 0.3 microgram/kg/min; then by 0.2 to 0.4 microgram/kg/min q3 to 5 minutes, as needed, to a maximum of 200 microgram/min

### Prescriber Signature

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>PHN#</th>
<th>MRN#</th>
<th>Birthdate (dd-Mon-yyyy)</th>
<th>Physician</th>
</tr>
</thead>
</table>

20746Bond (2019-01)
**Medications (continued)**

**Opiate Analgesia**
Consider opiate analgesia if persistent symptoms of ischemic chest pain despite maximal anti-ischemic therapy. For “susceptible patients” defined as elderly, frail, low body mass, systemically unwell, or on medications known to cause sedation or lower blood pressure we recommend decreasing narcotic dosing by 50%.

- Notify physician or nurse practitioner for reassessment if pain not controlled after administration of maximum dosage.
- HYDROMorphone 1 mg IV once
- HYDROMorphone 0.5 to 1 mg every 10 minutes PRN for pain (maximum 3 mg total)
- HYDROMorphone ______ mg IV every ______ minutes PRN for pain
  - Suggest 0.5 mg for moderate pain and 1 mg for severe pain
- fentaNYL 50 micrograms IV once
- fentaNYL 25 to 50 micrograms IV every 5 minutes PRN for pain (maximum 200 micrograms total)
- fentaNYL ______ mcg IV every ______ minutes PRN for pain
  - Suggest 25 mcg for moderate pain and 50 mcg for severe pain
- morphine 2.5 to 5 mg IV q15min PRN (maximum of 20 mg before speaking to physician)

**Antiemetics**
Avoid dimenhyDRINATE in patients 65 years of age or older due to increased risk of side effects including delirium.

- dimenhyDRINATE 50 mg PO once
- dimenhyDRINATE 25 to 50 mg PO every 4 hours PRN for nausea/vomiting
- dimenhyDRINATE ______ mg PO every ______ hours PRN for nausea/vomiting
- dimenhyDRINATE 50 mg IV once
- dimenhyDRINATE 25 to 50 mg IV every 4 hours PRN for nausea/vomiting
- dimenhyDRINATE ______ mg IV every ______ hours PRN for nausea/vomiting
  - Oral administration or slow infusion via IVPB are preferred for metoclopramide to reduce the risk of akathisia.
  - Suggest 5 mg for mild/moderate nausea or if CrCl less than 40 mL/min; 10 mg for moderate/severe nausea, and CrCl over 40 mL/min
- metoclopramide 10 mg PO once
- metoclopramide 5 to 10 mg PO every 6 hours PRN for nausea/vomiting
- metoclopramide ______ mg PO every ______ hours PRN for nausea/vomiting
- metoclopramide 10 mg IVPB once
- metoclopramide 5 to 10 mg IVPB every 6 hours PRN for nausea/vomiting
- metoclopramide ______ mg IVPB every ______ hours PRN for nausea/vomiting
  - 4 mg starting dose recommended for IV ondansetron. Avoid ondansetron in patients with prolonged QTc interval.
- ondansetron 4 mg IV once
- ondansetron 4 mg IV every 8 hours PRN for nausea/vomiting
- ondansetron ______ mg IV every ______ hours PRN for nausea/vomiting
- ondansetron tab 8 mg PO every 8 hours PRN for nausea/vomiting
- ondansetron tab ______ mg PO every ______ hours PRN for nausea/vomiting
  - Due to high cost, recommend reserving ondansetron DISINTEGRATING tab for actively vomiting patients without an IV
- ondansetron DISINTEGRATING tab 8 mg PO every 8 hours PRN for nausea/vomiting
- ondansetron DISINTEGRATING tab ______ mg PO every ______ hours PRN for nausea/vomiting

**Prescriber Signature**

<table>
<thead>
<tr>
<th>Date (dd-Mon-yyyy)</th>
<th>Time (hh:mm)</th>
</tr>
</thead>
</table>
### Patient Care

#### Monitoring
- **Vital Signs** (respiratory rate, pulse, blood pressure, temperature, oxygen saturation)
  - every _______ hour(s)  □ manual  □ automatic
  - every _______ minutes  □ manual  □ automatic

*Patients with unstable hemodynamics or ongoing symptoms consistent with cardiac chest pain should have continuous cardiac and pulse oximetry monitoring. Patients with atypical chest pain may not need monitoring. Patients who are symptom-free do not require continuous cardiorespiratory monitoring.*

- **Bedside Cardiac Monitoring**
- **Oxygen Saturation Monitoring – Continuous**

#### Respiratory Care

If oxygen saturation is already adequate (GREATER than 90%), no supplemental oxygen is required.

- **O2 Therapy** - Titrate to maintain SpO2 greater than or equal to 90%
  - Notify physician if O2 flow required to be increased by greater than 2 L to maintain the same level of oxygenation, if there is a progressive increase in work of breathing, hypotension, or decreased or altered level of consciousness (LOC).

#### Diet / Nutrition

- □ NPO
- □ NPO: May Take Meds
- □ Regular Diet
- □ Other Diet: __________________________________________

#### Other Orders

- □ Consult Cardiology
  - *Consider accessing the HEART Score to assist with risk stratification during the consultation process:* [http://www.mdcalc.com/heart-score-for-major-cardiac-events/](http://www.mdcalc.com/heart-score-for-major-cardiac-events/)

---

Prescriber Signature: ____________________________  Date (dd-Mon-yyyy): ____________  Time (hh:mm): ____________