

PHYSICIAN'S DIRECTIONS

MEDICATION ORDERS WILL BE FILLED ACCORDING TO THE FORMULARY UNLESS SPECIFIC COMPANY IS INDICATED.

Additional Admission Orders for Myocardial Infarction

ORDERED		Physician's Directions— Use Ball Point Pen <i>*Indicates Hospital Quality Alliance Indicators</i>	TIME NOTED	NURSE'S SIGNATURE
DATE	TIME			
		Myocardial Infarction Additional Admission Orders (Use with Standard Admission Orders 858.229)		
		<input type="checkbox"/> Beta Blocker _____		
		*CORE Measure recommends that patients be on a beta blocker within 24 hours of arrival if they need it. Beta Blocker should be ordered at discharge. If unable to give to patient, please note the reason why.		
		<input type="checkbox"/> Unable to use Beta Blocker due to _____		
		* <input type="checkbox"/> Aspirin _____ mg on arrival and daily		
		<input type="checkbox"/> Unable to take ASA due to _____		
		* <input type="checkbox"/> ACEI _____ * <input type="checkbox"/> ARB _____ (CORE Measures recommend ACEI/ARB at discharge if indicated.) ACEI not indicated because _____ ARB not indicated because _____		
		Vital signs: <input type="checkbox"/> Q15 for Pressor Drips; <input type="checkbox"/> Q1 x 24 then Q2 x 24 if stable, then Q4		
		<input type="checkbox"/> Nitroglycerin 50 mg in 250 D5W/(NS) begin at 10 mcg/min titrate. Increase 10 mcg/Kg/min q10 to relieve chest pain or to SBP greater than _____ & DBP greater than _____. Max of 300 mcg/min.		
		<input type="checkbox"/> Heparin and PTT according to Heparin Protocol.		
		<input type="checkbox"/> CBC daily on Heparin and call if: <input type="checkbox"/> HCT less than _____, <input type="checkbox"/> PLT less than _____.		
		<input type="checkbox"/> Guaiac all stools and call if positive		
		<input type="checkbox"/> Cardiac injury profile		
		<input type="checkbox"/> Troponin _____ X 3		
		* <input type="checkbox"/> Lipid Profile		
		* <input type="checkbox"/> Lipid lowering therapy _____		
		CORE Measures recommended lipid lowering therapy at discharge.		
		* <input type="checkbox"/> EKG _____ X 3		
		* <input type="checkbox"/> Echocardiogram on (date) _____ <input type="checkbox"/> Not needed because _____		
		 _____ SIGNATURE		