

Saskatchewan NSTE ACS Order Set

Document allergies on approved form and ensure medication reconciliation has been reviewed as per organizational process

PATIENT INFORMATION
VERSION DATE: MAY 4, 2016

Non ST-Elevation Acute Coronary Syndrome Order Set

This order set does NOT apply to the treatment of ST Elevation MI (STEMI) patients

Check Allergy Status prior to ordering/administering drugs

ACTION

Ensure Best Possible Medication History or Medication Reconciliation Form has been reviewed

Admission

Admit to: _____ Dr. _____ (MRP)

Diagnosis: NSTEMI Unstable Angina Estimated Length of Stay: _____

Cardiologist consult- Reason: ACS Primary Care

Provider: _____

Vitals

Weight(Actual) _____ kg Weigh daily
 Vitals as per ER Policies T, HR, RR, BP, SpO2 q4h and PRN T, HR, RR, BP, SpO2 q____h and PRN

Other: _____

Monitoring

Call for ECG STAT - ECG to be shown to an ER Physician Continuous Cardiac monitoring
 Continuous SpO2 monitoring Bedside glucose monitoring (BGM) daily BID QID
 Initiate NIBP both arms Intake and Output q shift Intake and Output q1h or q____H

Other: _____

Lab Investigations

CBC aPTT INR HgbA1C TSH
 Electrolytes Creatinine BUN Ca, Mg, Phos ALT, ALP, Bili
 Glucose Fasting lipid panel (Must be drawn within 24 hours of symptom onset regardless of fasting status)

Final Troponin strategy to be defined at regional health authority level.

Regular Troponin I or T assay now (obtain results within 60 mins) & repeat in 6 hrs at

Date/Time: _____

Note: Refer to localized protocol for troponin assessment. If not available, contact ACS working group for template

High Sensitivity Troponin assay now (obtain results within 60 mins) & repeat in 3 hrs at

Date/Time: _____

CK now and in 24 hours at Date/Time: _____

If on enoxaparin or fondaparinux: CBC, creatinine q3days. If on heparin, CBC q3days ABG if SpO2 less than 90%

Additional Labs: _____

Diagnostics

ECG - Notify MD STAT ECG STAT with chest pain and notify MD immediately 15 lead ECG

CXR - Reason: _____ 2D Echocardiogram - Reason: _____

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Stress Test - Reason: _____

Other: _____

Tubes

Insert indwelling urinary catheter and re-evaluate daily **Intermittent Bladder Catheterization**

Respiratory

Oxygen therapy with target SpO₂ of 94 – 96 % **Oxygen therapy with target SpO₂ of _____ to _____ %**

IV Therapy

Saline Lock and flush as per hospital policy/procedure

0.9% NaCl at _____ mL/hr **Other: _____ at _____ mL/h**

Non ST Elevation Acute Coronary Syndrome Medications

Antiplatelet Therapy (Note: Physician to consider discontinuing all NSAIDs (except acetylsalicylic acid))

acetylsalicylic acid (ASA) 160 mg PO chew and swallow x 1 then **enteric coated ASA 81 mg PO daily AND**

ticagrelor 180 mg PO loading dose x1 (if load not already given) then ticagrelor 90 mg PO BID (Preferred strategy)

OR

clopidogrel 300 mg PO loading dose x1 (if load not already given) then clopidogrel 75 mg PO daily

Anticoagulation Therapy (Do NOT administer any IM injections while on therapeutic enoxaparin, fondaparinux or heparin)

enoxaparin: (1 mg/kg/dose rounded to nearest 10 mg. Do not dose cap. Caution in renal impairment and/or In patients greater than 75 years of age)

Estimated creatinine clearance greater than 29 mL/min: enoxaparin _____ mg subcutaneous q12h

Estimated creatinine clearance 15-29 mL/min: enoxaparin _____ mg subcutaneous q24h **OR**

fondaparinux 2.5 mg subcutaneous q24h (do not use if estimated creatinine clearance less than 30 mL/min)

OR

Unfractionated heparin: *Final Unfractionated heparin orders to be included on the order set should be decided through discussion between referring and receiving health regions:*

(Consider consult to cardiologist for immediate transfer to tertiary care centre): Initial loading dose of 60 units/kg IV (not to exceed 5000 units) followed by initial infusion of 12 units/kg/hour (not to exceed 1000 units/hour) adjusted per aPTT nomogram. Desired aPTT range as per current cardiac protocols.

Beta-Blockers (in absence of HF, low-output state, risk for cardiogenic shock, or contraindications)

metoprolol _____ mg PO BID or **bisoprolol _____ mg PO daily** or **Other: _____**

If beta blocker ordered and if HR less than 60 beats/minute or SBP less than 95 mmHg, hold and notify physician

Angiotension-Converting Enzyme (ACE) Inhibitor OR Angiotensin Receptor Blocker (ARB)

ramipril _____ mg PO _____ (daily or BID) or **perindopril _____ mg PO daily** or

valsartan _____ mg PO BID or **telmisartan _____ mg PO daily** or **Other: _____**

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Statins

atorvastatin 80 mg PO qHS or rosuvastatin 40 mg PO qHS or Other: _____

Nitrates (Note: No nitroglycerin if phosphodiesterase inhibitor in last 48 hrs (ED/ Pul HTN))

nitroglycerin start at _____ IV micrograms/minute then titrate at 5 – 10 micrograms/minute q5minutes PRN for pain

Maintain SBP greater than _____ mmHg with maximum dose of nitroglycerin at _____ micrograms/minute

nitroglycerin transdermal patch _____ mg daily on for 12 hours, off for 12 hours: On at _____ h & remove at _____ h

If SBP less than 90 mmHg, hold and notify physician

nitroglycerin 0.4 mg spray SL q5minutes PRN for chest pain up to a maximum 3 sprays

PRN Medications

dimenhyDRINATE 12.5 – 50 mg PO/NG/IV/PR q4h PRN nausea (use lowest possible for effect for elderly/frail)

acetaminophen 325 – 650 mg PO/NG/PR q4h PRN for pain (max of 4,000 mg in 24 hours from all sources)

LORazepam 0.5 – 1 mg PO/SL TID PRN for acute anxiety or sleep

morphine 2 mg IV q5minutes PRN until chest pain relieved (max 10 mg/h)

Other

- If tobacco user, physician to assess patient for nicotine replacement or smoking cessation pharmacotherapy
- Cardiac rehabilitation program

Additional Orders

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