

WESTERN MARYLAND HEALTH SYSTEM
Medication Administration Record

CHEST PAIN

Date: _____

Medication Order	SCHD TIMES	0701-1500	1501-2300	2301-0700
If not allergic and not given in the ED or by EMS, chew 2 Aspirin (81mg) tablets STAT	Once			
Beginning next morning, give Enteric coated Aspirin 81mg by mouth daily	0900			
** If allergic to Aspirin – follow Chest Pain Orders for Clopidogrel (Plavix ®)				
Nitroglycerin (Nitrostat®) sublingual tablet 0.4mg every 2 to 5 minutes x3 as needed for chest pain. (Use prior to narcotic)				
Morphine Sulfate 2 mg IV every 5 minutes x3 as needed for chest pain. Notify physician and do EKG if pain not relieved within 15 minutes. (If allergic to Morphine, call MD for alternative)				
Acetaminophen (Tylenol®) 650 mg (2 x 325mg tablets) by mouth every 4 hours as needed for discomfort				
Docusate Sodium (Colace®) 100mg twice a day by mouth as needed for stool softening.				
Prochlorperazine (Compazine ®) 5mg IV (pushed over 1 minute) every 6 hours as needed for nausea/vomiting				
Ativan (Lorazepam®) 0.5mg by mouth three times a day as needed for anxiety.				

SIGNATURE	INIT.	SIGNATURE	INIT.

