

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
 DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS	CHECK OFF/ INITIALS
CM = Core Measure ACUTE CORONARY SYNDROME	
1. If Medication Reconciliation and/or Acute Coronary Syndrome order set incomplete, RN to contact physician.	
2. Initiate Chest Pain Diagnostic Orders if not already ordered.	
3. Diagnosis: <input type="checkbox"/> NSTEMI <input type="checkbox"/> STEMI <input type="checkbox"/> PRE INFARCTION ANGINA	
4. ANTI-PLATELET / ANTI-COAGULANT (Please choose only one heparin product) <input type="checkbox"/> Heparin (Initiate weight-based protocol for Intravenous Administration) <input type="checkbox"/> Enoxaparin (Lovenox [®]) (1mg/kg Subcutaneous every 12 hours) – Physician to adjust per renal function <input type="checkbox"/> Clopidogrel (Plavix [®]) 75 mg by mouth daily If Anticoagulant Therapy initiated implement Anticoagulant Monitoring Order Set.	
5. <input type="checkbox"/> Eptifibatide (Integrilin [®]) – 180 mcg/kg (Maximum 22.6mg) Intravenous over 1-2 minutes, then continue infusion at 2 mcg/kg/min. (Maximum 15mg/hour). Physician to adjust per renal function. (Indications: High risk, NSTEMI, with positive enzymes and recurrent ischemia).	
6. (CM) BETA BLOCKERS (Please choose one) <input type="checkbox"/> Metoprolol (Lopressor [®]) _____ mg by mouth _____ daily <input type="checkbox"/> Carvedilol (Coreg [®]) _____ mg by mouth twice daily <input type="checkbox"/> Atenolol (Tenormin [®]) _____ mg by mouth daily <input type="checkbox"/> Other _____ Beta Blocker Contraindications on arrival or within 24 hours after arrival. (Circle all that apply) - Beta Blocker Allergy - Heart Failure - Shock - Bradycardia (<60/min) - Second or third degree heart block on EGG - Other reasons documented by physician	
7. (CM) ACE INHIBITOR or ARB (please choose one) (For LVSD EF < 40%) ACEI: <input type="checkbox"/> Ramipril (Altace [®]) _____ mg by mouth daily <input type="checkbox"/> Captopril (Capoten [®]) _____ mg by mouth three times a day <input type="checkbox"/> Lisinopril (Prinivil [®] / Zestril [®]) _____ mg by mouth daily <input type="checkbox"/> Enalapril (Vasotec [®]) _____ mg by mouth two times a day <input type="checkbox"/> Other _____ ARB: <input type="checkbox"/> Losartan (Cozaar [®]) _____ mg by mouth daily <input type="checkbox"/> Valsartan (Diovan [®]) _____ mg by mouth daily <input type="checkbox"/> Other _____ Contraindications/reasons for not prescribing ACEI/ARB (Circle all that apply) - Angioedema - Hyperkalemia - Other reasons documented by physician - Worsening Renal Function/Disease - Hypotension - Moderate or severe aortic stenosis - Renal Artery Stenosis	
8. HYPERLIPIDEMIA THERAPY <input type="checkbox"/> HMG-CoA Reductase Inhibitor (Statin): _____ <input type="checkbox"/> Ezetimibe (Zetia [®]) _____ mg by mouth daily <input type="checkbox"/> Gemfibrozil (Lopid [®]) _____ mg by mouth twice daily (30 minutes before breakfast and dinner) <input type="checkbox"/> Fenofibrate (Tricor [®]) _____ mg by mouth daily <input type="checkbox"/> Other: _____	
9. Cardiology Consult (Patient Preference)	
10. EKG every A.M. times 2 days (total of four including Diagnostic Chest Pain Orders).	
11. (CM) Unit Secretary: Copy of most recent cardiac catheterization, echocardiogram tests on chart.	
12. Unit Secretary: Copy of most recent stress test on chart.	
13. Daily Weight.	
14. AMI patient education.	
15. Additional Orders: _____	

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:
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Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Fax to Pharmacy