

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

DOCTORS ORDERS DIAGNOSTIC CHEST PAIN	CHECK OFF/ INITIALS
CM = Core Measure	
1. If Medication Reconciliation and/or Diagnostic Chest Pain order set incomplete, RN to contact physician.	
2. Admit / Transfer to (circle) : ICU HLC PCU 5 West	
3. Diet: <input type="checkbox"/> CCU Clear liquids for 12 hours, then 2 Gram Sodium, Low Fat, Low Cholesterol <input type="checkbox"/> NPO <input type="checkbox"/> Other: _____	
4. STAT: CBC, PT, APTT, CKMB, BMP, Troponin I, SGOT, LDH, Albumin, Total Protein, PCXR, EKG (if not done in E.D.) <ul style="list-style-type: none"> • Repeat CKMB in 6 hours and 12 hours • Repeat Troponin in 6 hours • Fasting Lipid Panel • EKG in AM following admission/transfer • If Troponin or CKMB positive, initiate Acute Coronary Syndrome Order Set. 	
5. Oxygen Assessment/Oxygen Protocol	
6. Heparin Lock	
7. Vital Signs every 4 hours	
8. Activity: Bedrest; Bedside Commode/Bathroom Privileges (if pain free for 12 hours; up in chair / ad lib (if pain free for 24 hours and not contraindicated).	
9. MEDICATION ORDERS :	
(CM) Chew 2 Aspirin (81 mg) STAT (if not given in ED or by EMS) then next morning begin Enteric Coated Aspirin 81 mg by mouth once daily. (If allergic, give Clopidogrel (Plavix [®]) 75 mg by mouth daily)	
Nitroglycerin (Nitrostat [®]) sublingual tablet 0.4 mg every 2-5 minutes times 3 as needed for chest pain (use prior to narcotic).	
Morphine Sulfate 2 mg Intravenous every 5 minutes times 3 as needed for chest pain. (If allergic, call MD for an alternative). Notify physician and do EKG if pain not relieved within 15 minutes.	
Acetaminophen (Tylenol [®]) 650 mg (Two 325 mg tablets) by mouth every 4 hours as needed for discomfort.	
Docusate Sodium (Colace [®]) 100 mg twice a day by mouth as needed for stool softening.	
Prochlorperazine (Compazine [®]) 5 mg Intravenous (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.	
10. (CM) Smoking Cessation Information if applicable.	
11. 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

