

**Chest Pain Observation
Physician Orders**
ALLERGY STICKER

| | |
|------------|--|
| Date/Time: | Refer to Observation For Service of Dr. _____ |
|------------|--|

DO NOT USE ABBREVIATIONS: μ , mcg, u, iu, QD, QID, QOD, B.I.W., T.I.W., MgSO₄, MSO₄, MS, HISS, RISS, AD, AU, AS
Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

| Non-Medication Orders | Medication Orders |
|---|--|
| INITIAL ORDERS: | Aspirin Order (check applicable box) |
| Dx: Chest Pain or Chest Pain Equivalent | <input type="checkbox"/> Aspirin 81 mg, chew 3 tabs PO now (unless taken in ED) |
| Cardiac Monitoring: Indication: (check one) | <input type="checkbox"/> Hold aspirin because contraindicated |
| <input type="checkbox"/> Chest Pain or <input type="checkbox"/> Chest Pain Equivalent | <input type="checkbox"/> Patient received aspirin within 24 hours of hospital arrival |
| <input type="checkbox"/> Vitals: every 4 hours | <input type="checkbox"/> Acetaminophen 650 mg PO/PR every 6 hrs PRN |
| <input type="checkbox"/> Saline lock / laboratory testing | Pain Score 1 - 4 and/or Temp > 101F |
| <input type="checkbox"/> CK, CKMB, Troponin | <input type="checkbox"/> Nitroglycerin paste _____ inches every 8 hours |
| <input type="checkbox"/> Electrolytes, Creatinine, BUN | <input type="checkbox"/> For smokers: Nicotine (Nicoderm) |
| <input type="checkbox"/> CBC with diff | <input type="checkbox"/> 7 mg <input type="checkbox"/> 14mg <input type="checkbox"/> 21 mg (check one) patch topically Daily |
| <input type="checkbox"/> Glucose | Other Medications: |
| <input type="checkbox"/> Old Record to the Floor | |
| <input type="checkbox"/> EKG | |
| <input type="checkbox"/> CXR: Indication _____ | |
| SUBSEQUENT ORDERS: | |
| <input type="checkbox"/> CPK/MB/Troponin I & EKG q 4 h x's 2 | |
| <input type="checkbox"/> EKG prn for chest pain or dysrhythmia | |
| <input type="checkbox"/> Activity: Bedrest 4 h, then ambulate if stable & neg enzymes | |
| <input type="checkbox"/> May go off monitor for testing if stable | |
| <input type="checkbox"/> Diet : NPO from 4 am on _____ (Date) | |
| <input type="checkbox"/> Blood glucose before meals if glucose > 120 or diabetic | |
| <input type="checkbox"/> Cardiac Consult Dr. _____ | |
| 8a to 5p <input type="checkbox"/> MD contacted by me at _____ m OR | |
| 5p to 8a <input type="checkbox"/> Message left for MD at #5276 | |
| (Cardiologist to schedule stress study if appropriate) | |
| | |
| | |
| | |
| | |
| | |

MD Signature: _____ Beeper #: _____ Date: _____ Time: _____