

*These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.  
Patient allergy and contraindications must be considered when completing these orders.*

- Automatically activated (If not in agreement with an order cross out and initial).  Requires a check (V) for activation

Allergies:  Unknown  No  Yes (describe) \_\_\_\_\_ Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ TIMI Score: \_\_\_\_\_

### MEDICATION ORDERS

### GENERAL ORDERS

#### Pain Management

- If not contraindicated i.e. SBP must be greater than 90mmHg
- nitroglycerin spray 0.4 mg sublingual q5min x 3 doses prn for chest pain (notify prescriber if pain persists/reoccurs after 3 doses)
  - nitroglycerin patch \_\_\_\_\_ mg/hr (usual 0.4 mg/hr) for 24 hrs x 1 **then**
  - nitroglycerin patch \_\_\_\_\_ mg/hr (on 12 hrs and off 12 hrs)
- NOTE: Do not give nitroglycerin if sildenafil or vardenafil was taken within last 24 hours or tadalafil was taken within 48 hours.

For continued unrelieved chest pain:

- morphine 1 to 5 mg IV q5 min prn
- fentaNYL 25 to 50 mcg IV q5 to 10 min prn

#### Antiplatelet Drugs

- acetylsalicylic acid (ASA) 81 mg PO daily
- ticagrelor 180 mg PO x 1 dose, then 90 mg PO BID **OR**
- clopidogrel 600 mg PO x 1 dose, then 75 mg PO daily

#### Adjunctive Medications

- atorvastatin 80 mg PO daily **OR**  rosuvastatin 40 mg PO daily
- Smoking Cessation Standard Orders CLI.6010.FORM.017
- Consider a Beta Blocker \_\_\_\_\_
- Consider an ACE Inhibitor/Angiotensin Receptor Blocker \_\_\_\_\_
- pantoprazole \_\_\_\_\_ mg PO daily (usual dose 40mg)
- LORazepam 0.5 to 1 mg PO/sublingual q8h PRN for anxiety
- Acute Adult PRN Medications Standard Orders CLI.6010.FORM.005

- Oxygen Therapy to maintain saturation GREATER than or EQUAL to 90%
  - Establish peripheral venous access
  - Ringers Lactate at \_\_\_\_\_ ml/hr
- #### Diagnostics/Consultation
- 12 lead ECG daily
  - Repeat ECG 12 lead STAT in 2 hours at \_\_\_\_\_ and PRN with recurrent signs of ischemia
  - Repeat ECG q30 minutes with ongoing chest pain
  - ECG 15 lead (V4R, V8, V9) STAT
  - Consult Outside Call Cardiologist at SBGH 1-204-237-2053 if patient unstable (refractory chest pain greater than 15 mins, heart failure, refractory arrhythmias, hemodynamic instability)
  - CBC, Na, K, Cl, total CO2, urea, creatinine, glucose, troponin daily
  - lipid profile (TC, HDL, LDL, Triglycerides, TC-HDL ratio)
  - HgbA1C, TSH
  - Chest x-ray (if not already done)
  - Cardiac Stress Test
  - Echocardiogram
- #### Vital Signs
- Vital signs q15min x 4, then q30min x 2, then q1h x 4, then q4h (q15min with ongoing chest pain)

#### Monitoring

- Continuous cardiac monitor **OR**  Telemetry
- ST segment monitoring with vitals signs, if able

#### Diet Type

- Heart Healthy  Diabetic  Other \_\_\_\_\_

#### Activity

- Complete Bed rest  Bedrest with bathroom privileges
- Activity as tolerated

#### Consults

- Dietitian  Occupational therapy  Physiotherapy
- Pastoral Care  Pharmacy  Other \_\_\_\_\_
- Coronary angiography: complete SBGH cath lab referral form and fax to 204-258-1089
- Emergency Physician to complete Risk Stratification for Unstable Angina and Non-STEMI (see back of page for TIMI Score Calculator/ Risk Stratification chart) to determine recommendation for time to coronary cath.

#### Patient Education

- Provide patient education as per Cardiac Care Patient's Teaching Record (CLI.4510.SG.006.FORM.07)
- Refer to Cardiac Rehab where appropriate
- Consider nicotine replacement therapy if smoker, and referral to Smokers Helpline ([www.smokershelpline.ca](http://www.smokershelpline.ca))
- Scheduled appointment made with primary care provider within 90 days: see *Cardiac Care Patient Teaching Record*

#### Anticoagulation Options: Choose ONE option below A or B

A	Weight	enoxaparin Dose
<input type="checkbox"/>	36 – 49.9 kg	40 mg
<input type="checkbox"/>	50 – 69.9 kg	60 mg
<input type="checkbox"/>	70 – 89.9 kg	80 mg
<input type="checkbox"/>	90 – 109.9 kg	100 mg
<input type="checkbox"/>	110 – 129.9 kg	120 mg
<input type="checkbox"/>	130 – 159.9 kg	150 mg
<input type="checkbox"/>	160 kg and greater	<b>Regional Sites with 24/7 lab access on site</b> may use unfractionated heparin (refer to Heparin Infusion Standard Orders – Acute Coronary Syndrome (CLI.4510.SG.006.SD.02))
<input type="checkbox"/>	160 kg and greater	<b>All other sites:</b> 150mg x 1 dose, then consult outside call Cardiologist

enoxaparin subcut (dose per table above) STAT x 1 dose  
**Then** (See SCr Cut-Off Points on back of page)  
*If CrCl GREATER than 30 mL/min*

enoxaparin subcut q12h **OR**  
*If CrCl LESS than or equal to 30 mL/min*

enoxaparin subcut once daily

**B**  **fondaparinux** 2.5 mg subcut q24h only if CrCl GREATER than 30mL/min (See SCr Cut-Off Points table on back of page)

PRESCRIBER'S SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Order Transcribed Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_ FAX/SCAN TO PHARMACY Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

## NSTEMI Unstable Angina Standard Orders

### Serum Creatinine (SCr) Cut-off Points

Use table to determine if creatinine clearance is LESS than 30 mL/min/1.73m<sup>2</sup>. Select patient age (round to closest age) and read serum creatinine (SCr) cut-off point under appropriate gender. If patient SCr is GREATER than this number adjust frequency for enoxaparin or do not give fondaparinux.

Male SCr Cut-Off Point	Age	Female SCr Cut-Off Point
300	40	255
285	45	242
270	50	230
255	55	216
240	60	204
225	65	191
210	70	178
195	75	165
180	80	153
165	85	140
150	90	127

Semchuk et al.; based on Cockcroft/Gault method for estimating CrCl

### ACS RISK STRATIFICATION

RISK CATEGORY	CRITERIA	RECOMMENDATION FOR TIME TO CORONARY CATHETERIZATION	INTERVENTIONS
Unstable ACS (non-STEMI)	Refractory angina, heart failure, life threatening arrhythmias or hemodynamic instability	Coronary angiography within <b>120 minutes</b> of first medical contact if no contraindications to procedure	Arrange immediate transfer Page and consult CODE STEMI doctor on call 1-204-237-2053
High Risk ACS (non-STEMI)	Recurring chest pain and/or dynamic ST changes	Coronary angiography within <b>24 hours</b> of first medical contact if no contraindications to procedure	Page and consult CODE STEMI doctor on call 1-204-237-2053 Arrange transfer as directed
Intermediate Risk ACS (non-STEMI)	TIMI Risk Score 3 or higher excluding Unstable ACS or High Risk ACS patients	Coronary angiography within <b>72 hours</b> of first medical contact if no contraindications to procedure	ASA, antiplatelet such as ticagrelor, anticoagulant, statin, beta-blocker (with appropriate loading doses within 90 minute of first medical contact
Low Risk ACS (non-STEMI)	TIMI Risk Score 2 or less	Refer for Outpatient assessment.	Repeat troponins in 2 to 4 hours from baseline Recalculate TIMI score. If TIMI remains 2 or less and if patient remains highly suspicious of ACS repeat troponins in 6 hours and consider heart score for disposition and clinical decisions

TIMI SCORE CALCULATOR	
TIMI Risk Score for <u>all</u> UA and NSTEMI	
CRITERIA	POINTS
HISTORICAL	
<input type="checkbox"/> Age 65 years or more	1
<input type="checkbox"/> 3 or more Risk Factors for CAD	1
<input type="checkbox"/> known CAD (stenosis 50% or more)	1
<input type="checkbox"/> Aspirin use in the past 7 days	1
PRESENTATION	
<input type="checkbox"/> Recent severe angina (past 24 hrs)	1
<input type="checkbox"/> ST segment deviation 0.5 mm or more	1
<input type="checkbox"/> Elevated Cardiac Markers (troponin)	1
<b>RISK SCORE = TOTAL (0-7)</b>	

2-week Risk of Cardiac Events (%)		
Risk Score	2-week risk of Death or MI	2-week risk of Death, MI or Urgent Revascularization
0-1	3%	5%
2	3%	8%
3	5%	13%
4	7%	20%
5	12%	26%
6/7	19%	41%
<p><i>Risk factors for Coronary Artery Disease (CAD): Eg. hypercholesterolemia, diabetes, hypertension, obesity, and smoking</i></p>		