Alberta Health Services

Form Title **Emergency Department Chest Pain, Suspected Cardiac Adult Order Set**

Form Number **20746**

Alberta Health Services

Emergency Department
Chest Pain, Suspected Cardiac Adult Order Set

Select orders by placing a (✔) in the associated box

Last Name	
First Name	
PHN#	MRN#
Birthdate *(dd-Mon-yyyy)*	Physician

Goals of Care

Conversations leading to the ordering of a Goals of Care Designation (GCD) should take place as early as possible in a patient's course of care. The Goals of Care Designation is created, or the previous GCD is affirmed or changed resulting from this conversation with the patient or, where appropriate, the Alternate Decision-Maker.
Complete the Goals of Care Designation (GCD) Order Set within your electronic system, or if using paper process, complete the Provincial Goals of Care Designation (GCD) paper form (http://www.albertahealthservices.ca/frm-103547.pdf).

Intravenous Fluid Orders

☐ Intravenous Cannula - Insert
☐ IV Peripheral Saline Flush/Lock: Saline Lock
IV Maintenance:
☐ 0.9% NaCl infusion at _____mL/hour, reassess after _____ hours
☐ lactated ringers infusion at _____mL/hour, reassess after _____ hours
IV Bolus:
☐ 0.9% NaCl _____mL over _____ hour(s)
☐ lactated ringers _____mL over _____ hour(s)

Laboratory Investigations

Hematology
☐ Complete Blood Count (CBC)
☐ PT INR

Chemistry
☐ Troponin
☐ Repeat Troponin _____time(s) *(specify collection time below)*
☐ _____:_____
☐ _____:_____
☐ Electrolytes (Na, K, Cl, CO2)
☐ Glucose
☐ Creatinine
☐ Urea
☐ Serum bHCG

Urine Tests
☐ Urine Dipstick Testing - POCT
☐ Urinalysis
☐ Pregnancy Test, Urine *(POCT if available)*

Other Labs *(based on presentation needs of the patient)*
☐ _____
☐ _____

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Diagnostic Imaging

Chest x-ray usually indicated unless recently performed to rule out pneumonia, CHF, pneumothorax, etc.

☐ Chest X-Ray 2 projections *(GR Chest PA and Lateral)*

☐ Chest X-Ray 1 projection: Portable *(GR Chest Portable)*

☐ CT Chest Enhanced

Other Investigations

☐ Electrocardiogram

- ☐ 15 Lead (if signs of inferior ischemia or anterior ST depression)
- ☐ 12 Lead every _____minutes, _____times *(if ongoing symptoms suggestive of cardiac ischemia)*
- ☐ 12 Lead PRN for recurrent episodes of chest pain

Medications

Antiplatelet Agents

Should be administered to all patients at high risk of Acute Coronary Syndrome (ACS) as soon as practical after ED arrival if not taken by patient or administered by EMS prior to arrival. It is reasonable to delay acetylsalicylic acid (ASA) administration in low-risk patients or until an ACS diagnosis has been confirmed.

☐ acetylsalicylic acid CHEW tab (ASA) 160 mg PO STAT x 1 dose UNLESS already administered during current presentation followed by ASA enteric coated 81 mg PO daily

If true allergy to ASA or confirmed ACS

Choose ONE only

☐ ticagrelor 180 mg PO once *(preferred agent for patients undergoing Percutaneous Coronary Intervention [PCI])*

☐ clopidogrel *(specify dosage):*

- ☐ 300 mg PO once
- ☐ 600 mg PO once

Nitrates

☐ nitroglycerin SL spray *(each spray delivers 0.4 mg nitroglycerin)* 1 spray sublingually every 5 minutes PRN up to 5 doses; Notify authorized prescriber if persistent symptoms after 3 doses; HOLD if SBP less than 100 mmHg

If sublingual nitroglycerin ineffective and high probability of cardiac chest pain consider nitroglycerin infusion.
Avoid nitroglycerin infusion in patients with systolic blood pressure less than 100, in MI with inferior/right-sided involvement or recent use of phosphodiesterase inhibitors (sildenafil or tadalafil within 24 hours).

- ☐ **nitroglycerin infusion *(non-weight based)***
  Start at 5 microgram/min IV continuous; increase by 5 to10 microgram/min q3 to 5 minutes as needed up to 20 micrograms/min; then by 10 to 20 microgram/min q3 to 5 minutes, as needed, to a maximum of 200 microgram/min
- ☐ **nitroglycerin infusion *(weight based)***
  Start at 0.1 to 0.2 microgram/kg/min IV continuous; increase by 0.1 microgram/kg/min q3 to 5 minutes as needed up to 0.3 microgram/kg/min; then by 0.2 to 0.4 microgram/kg/min q3 to 5 minutes, as needed, to a maximum of 200 microgram/min

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Medications *(continued)*

Opiate Analgesia

Consider opiate analgesia if persistent symptoms of ischemic chest pain despite maximal anti-ischemic therapy. For "susceptible patients" defined as elderly, frail, low body mass, systemically unwell, or on medications known to cause sedation or lower blood pressure we recommend decreasing narcotic dosing by 50%.

- ☐ Notify physician or nurse practitioner for reassessment if pain not controlled after administration of maximum dosage.
- ☐ HYDROmorphone 1 mg IV once
- ☐ HYDROmorphone 0.5 to 1 mg every 10 minutes PRN for pain *(maximum 3 mg total)*
- ☐ HYDROmorphone _____ mg IV every _____ minutes PRN for pain
  Suggest 0.5 mg for moderate pain and 1 mg for severe pain
- ☐ fentaNYL 50 micrograms IV once
- ☐ fentaNYL 25 to 50 micrograms IV every 5 minutes PRN for pain *(maximum 200 micrograms total)*
- ☐ fentaNYL _____ mcg IV every _____ minutes PRN for pain
  Suggest 25 mcg for moderate pain and 50 mcg for severe pain
- ☐ morphine 2.5 to 5 mg IV q15min PRN *(maximum of 20 mg before speaking to physician)*

Antiemetics

Avoid dimenhyDRINATE in patients 65 years of age or older due to increased risk of side effects including delirium. Suggest 25 mg for mild/moderate nausea, 50 mg for moderate/severe nausea.

- ☐ dimenhyDRINATE 50 mg PO once
- ☐ dimenhyDRINATE 25 to 50 mg PO every 4 hours PRN for nausea/vomiting
- ☐ dimenhyDRINATE _____ mg PO every _____ hours PRN for nausea/vomiting
- ☐ dimenhyDRINATE 50 mg IV once
- ☐ dimenhyDRINATE 25 to 50 mg IV every 4 hours PRN for nausea/vomiting
- ☐ dimenhyDRINATE _____ mg IV every _____ hours PRN for nausea/vomiting

Oral administration or slow infusion via IVPB are preferred for metoclopramide to reduce the risk of akathisia. Suggest 5 mg for mild/moderate nausea or if CrCl less than 40 mL/min; 10 mg for moderate/severe nausea, and CrCl over 40 mL/min

- ☐ metoclopramide 10 mg PO once
- ☐ metoclopramide 5 to 10 mg PO every 6 hours PRN for nausea/vomiting
- ☐ metoclopramide _____ mg PO every _____ hours PRN for nausea/vomiting
- ☐ metoclopramide 10 mg IVPB once
- ☐ metoclopramide 5 to 10 mg IVPB every 6 hours PRN for nausea/vomiting
- ☐ metoclopramide _____ mg IVPB every _____ hours PRN for nausea/vomiting

4 mg starting dose recommended for IV ondansetron. Avoid ondansetron in patients with prolonged QTc interval.

- ☐ ondansetron 4 mg IV once
- ☐ ondansetron 4 mg IV every 8 hours PRN for nausea/vomiting
- ☐ ondansetron _____ mg IV every _____ hours PRN for nausea/vomiting
- ☐ ondansetron tab 8 mg PO every 8 hours PRN for nausea/vomiting
- ☐ ondansetron tab _____ mg PO every _____ hours PRN for nausea/vomiting

Due to high cost, recommend reserving ondansetron DISINTEGRATING tab for actively vomiting patients without an IV

- ☐ ondansetron DISINTEGRATING tab 8 mg PO every 8 hours PRN for nausea/vomiting
- ☐ ondansetron DISINTEGRATING tab _____ mg PO every _____ hours PRN for nausea/vomiting

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Patient Care

Monitoring

☐ Vital Signs (respiratory rate, pulse, blood pressure, temperature, oxygen saturation)
- ☐ as per provincial guideline
  http://insite.albertahealthservices.ca/assets/policy/clp-ed-assess-reassess-pts-guideline-hcs-181-01.pdf
- ☐ every_____hour(s) ☐ manual ☐ automatic
- ☐ every _____ minutes ☐ manual ☐ automatic

Patients with unstable hemodynamics or ongoing symptoms consistent with cardiac chest pain should have continuous cardiac and pulse oximetry monitoring. Patients with atypical chest pain may not need monitoring. Patients who are symptom-free do not require continuous cardiorespiratory monitoring.

☐ Bedside Cardiac Monitoring
☐ Oxygen Saturation Monitoring – Continuous

Respiratory Care

If oxygen saturation is already adequate (GREATER than 90%), no supplemental oxygen is required.

☐ O2 Therapy - Titrate to maintain SpO2 greater than or equal to 90%
Notify physician if O2 flow required to be increased by greater than 2 L to maintain the same level of oxygenation, if there is a progressive increase in work of breathing, hypotension, or decreased or altered level of consciousness (LOC).

Diet / Nutrition

☐ NPO
☐ NPO: May Take Meds
☐ Regular Diet
☐ Other Diet: _____

Other Orders

☐ Consult Cardiology
Consider accessing the HEART Score to assist with risk stratification during the consultation process:
http://www.mdcalc.com/heart-score-for-major-cardiac-events/

☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

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