



For Back Up Use

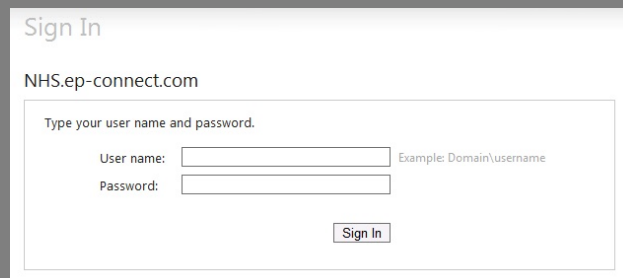
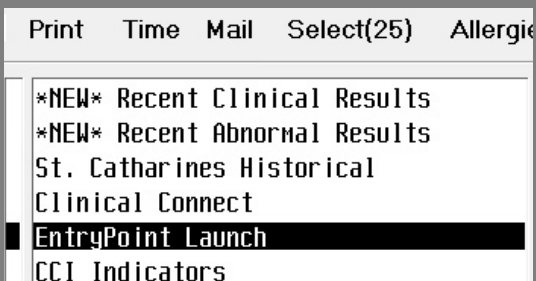
This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

**For daily use, please access the version on
EntryPoint**

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for “EntryPoint Launch” and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.





Height _____ cm Weight _____ kg

Allergies _____

Emergency Department STEMI Transfer to Hamilton HIU Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	<input checked="" type="checkbox"/> Receiving MRP _____			
Time (hhmm)	Vitals/Monitoring <input checked="" type="checkbox"/> Obtain patient's actual body weight _____ kg <input type="checkbox"/> Stated <input type="checkbox"/> Measured <input checked="" type="checkbox"/> Temp, HR, RR, BP, SpO ₂ q _____ h and PRN <input checked="" type="checkbox"/> Continuous Cardiac Monitoring			
By	Respiratory Oxygen Therapy <input checked="" type="checkbox"/> Titrate O ₂ to keep SpO ₂ greater than 92% and less than 96%			
Status	Lab Investigations ***Only if time permits – transfer to Hamilton Intervention Unit is NOT delayed*** <input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> INR <input checked="" type="checkbox"/> aPTT <input checked="" type="checkbox"/> Creatinine <input checked="" type="checkbox"/> Urea <input checked="" type="checkbox"/> Troponin <input checked="" type="checkbox"/> Na, K, Cl, TCO ₂ <input checked="" type="checkbox"/> Random Glucose			
Processing Reviewed by	Diagnostics <input type="checkbox"/> Repeat ECG in _____ **DO NOT DELAY TRANSFER TO COMPLETE**			
Status	IV Fluids <input type="checkbox"/> sodium chloride 0.9% _____ mL IV bolus for MAP less than 65 mmHg OR SBP less than 90 mmHg THEN _____ mL/h <input type="checkbox"/> sodium chloride 0.9% at _____ mL/h			
Faxed by	Antiplatelets <input checked="" type="checkbox"/> acetylsalicylic acid (ASA) 160 mg chewed STAT x 1 dose unless given by EMS <input type="checkbox"/> clopidogrel 600 mg PO x 1 dose now OR <input type="checkbox"/> ticagrelor 180 mg PO x 1 dose now			
	Pain Management <input type="checkbox"/> morphine _____ mg IV bolus q _____ minutes PRN <input type="checkbox"/> Other: _____			
	Nausea Management <input type="checkbox"/> dimenhydrinate 25 – 50 mg IV q4h PRN (for patients at low risk for falls and/or delirium) <input type="checkbox"/> Other: _____			

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ Read Back
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm)

Rev. 04/2016/V5 ORD6 (900451)



Chart Copy – Do Not Destroy



Height _____ cm Weight _____ kg

Allergies _____

Emergency Department STEMI Transfer to Hamilton HIU Order Set			M	K	O
Orders Processed Date (dd/mm/yyyy)	Anticoagulation Therapy				
	DO NOT GIVE heparin if on warfarin OR has received fondaparinux or low molecular weight heparin within 12 hours				
	<input checked="" type="checkbox"/> heparin is a High Alert medication and requires Independent Double Checks according to NHS policy <input checked="" type="checkbox"/> Give heparin 60 units/kg = _____ units IV loading dose* (maximum 4,000 units)				
Time (hhmm)	Heparin Loading Dose Information *Based on 1,000 units/mL				
	Weight (kg)	Loading Dose (units) [max 4,000 units]	Loading Dose (mL) [based on 1,000 units/mL]		
By	Less than 35.9	2,000	2		
	35 – 39.9	2,200	2.2		
	40 – 44.9	2,500	2.5		
Status	45 – 49.9	2,800	2.8		
	50 – 54.9	3,100	3.1		
	55 – 59.9	3,400	3.4		
Processing Reviewed by	60 – 64.9	3,700	3.7		
	65 – 69.9	4,000	4		
	70 – 74.9	4,000	4		
	75 – 79.9	4,000	4		
Status	Greater than 79.9	4,000	4		
	Cardiac Medications				
Faxed by	<input checked="" type="checkbox"/> atropine 0.6 mg IV x 1 PRN if symptomatic bradycardia less than 40 beats per minute and call physician <input checked="" type="checkbox"/> nitroglycerin spray 0.4 mg SL q5minutes x 3 PRN				
	For MAP of less than 65 mmHg or SBP of 90 mmHg or less despite IV fluid bolus: <input checked="" type="checkbox"/> Wherever possible, infuse into a large vein. Central line administration is preferred due to risk of extravasation <input type="checkbox"/> DOP amine (1.6 mg/mL) 5 – 15 micrograms/kg/minute IV to maintain MAP greater than 65 mmHg; start at _____ micrograms/kg/minute <input type="checkbox"/> norepinephrine (32 micrograms/mL) 2-10 micrograms/minute IV to maintain MAP greater than 65 mmHg; start at _____ micrograms/minute				
	Additional Orders				

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm) Read Back



Chart Copy – Do Not Destroy

Rev. 04/2016/V5 ORD6 (900451)