



For Back Up Use

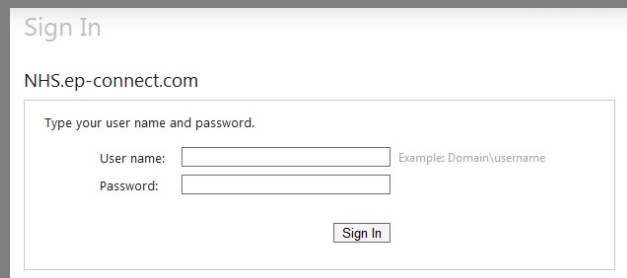
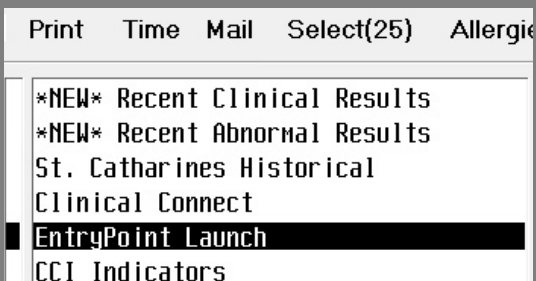
This copy of the Orderset is for Information & BackUp purposes only.

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 _____

ED Acute Coronary Syndrome Therapy Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	<p>***Follow-up orders (e.g. Acute Coronary Syndrome Admission Order Set) must be completed as these orders are for a single dose of most medications***</p> <p><input checked="" type="checkbox"/> Obtain patient's actual body weight: _____ kg</p>			
Chest Pain- Cardiac Features				
Time (hhmm)	Vitals/Monitoring			
By	<p>Vitals</p> <p><input type="checkbox"/> Temp, HR, RR, BP, SpO₂ q_____ and PRN</p> <p><input type="checkbox"/> Continuous Cardiac Monitoring</p>			
Status	<p>Lab Investigations (If not already ordered)</p> <p><input type="checkbox"/> CBC <input type="checkbox"/> INR <input type="checkbox"/> Creatinine <input type="checkbox"/> Urea <input type="checkbox"/> Troponin</p> <p><input type="checkbox"/> Na, K, Cl <input type="checkbox"/> TCO₂ <input type="checkbox"/> Glucose</p> <p><input type="checkbox"/> Repeat Troponin in _____ hours</p>			
Processing Reviewed by	<p>Diagnostics</p> <p><input type="checkbox"/> STAT ECG</p> <p><input type="checkbox"/> CXR PA and Lateral Reason: _____</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> CXR Portable Reason: _____</p>			
Status	<p>Respiratory</p> <p>Oxygen Therapy</p> <p><input type="checkbox"/> Titrate O₂ to keep SpO₂ greater than 92%</p> <p>Patient with chronically elevated PaCO₂</p> <p><input type="checkbox"/> Titrate O₂ to keep SpO₂ between 88% and 92%</p>			
Faxed by	<p>IV Fluids</p> <p><input type="checkbox"/> _____ at _____ mL/hour</p>			
<p>Anticoagulation Therapy</p> <p style="text-align: center;">**Consider IV heparin if CrCl less than 30 mL/minute or serum creatinine greater than 150 micromol/L**</p> <p><input type="checkbox"/> Heparin (Low Dose) for Acute Coronary Syndrome (ACS) and ST Elevation Myocardial Infarction (STEMI) Order Set (Prescriber to Complete)</p> <p><input type="checkbox"/> fondaparinux 2.5 mg subcutaneous x 1 dose</p>				

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/V4 ORD81 (900480)



Chart Copy – Do Not Destroy

