

PHYSICIAN'S ORDERS

DRUG ALLERGIES _____

ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND ~
CONTENT MAY BE DISPENSED UNLESS CHECKED

Date & Time Ordered	ORDERS AND SIGNATURE	Signature of Physician & Nurse attending to order
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CHEST PAIN
23 HOUR OBSERVATION STANDING ORDERS
- PLEASE CHECK OR CIRCLE DESIRED THERAPIES!!!

Date / Time: _____

1. Place in Intensive Care Unit Med-Surg Telemetry bed as Observation status
2. Physician: _____
3. Diagnosis: _____
4. Allergies: _____
5. Vital Signs: BP, P, R every 15 min until stable, then every 1 hr x 4 hrs, then every 2 hrs, if stable. Temps QID.
6. Cardiac monitor
7. Arrhythmia orders per ACLS protocols
8. Oxygen at minimum per NC; maintain sat greater than 91%, call M.D. for titrating O2 requirements.
9. Activity: Bedrest with commode privilege if stable and no chest pain.
10. Diet: NPO , Clear Liquids , Healthy Heart Diet (AHA) . Other _____
11. Dietary consult
12. IV: Saline Loc , NS TKO , Other _____
13. TED hose knee thigh
14. EKG at _____, _____, _____
15. Portable CXR on arrival to unit
16. Labs: CBC, Comp, Troponin I, CPK, CKMB
17. Fasting Lipids at _____
18. Serial Cardiac Enzymes, (Troponin I, CPK, CKMB) every ____ hrs x _____
19. Schedule Stress Exercise Nuclear Test for _____
20. Enoxaparin (Lovenox) 1mg/kg SQ every 12 hrs. Patient Weight: _____ Dose = _____
21. 1st dose in ER at- _____
22. Medications:
 - Nitroglycerine 0.4 SL q 5 min x 3 doses PRN chest pain, Hold for SBP < 100
 - Morphine Sulfate ____ mg IV every _____ PRN chest pain Not relieved with Nitroglycerin, hold for SBP < 100
 - MOM 30 cc PO PRN
 - Docusate Sodium (Colace) 100 mg PO BID
 - ASA 325 mg 1 PO q day
 - Valium 5 mg PO q hs prn sleep
23. Other Medications: _____

Physician Signature _____

Date / Time _____



Patient ID

WPH 019