### Chest Pain Observation Physician Orders

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Chest Pain Observation Physician Orders</th>
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<tr>
<td></td>
<td><strong>Unacceptable Diagnosis for Observation:</strong> social admit, failure to thrive, dizziness, unable to care for self, needs placement, unable to ambulate, chronic ... (anything)</td>
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</table>
|             | **Level of Care determination after Risk Stratification (Check One):**
|             | - Observation
|             | - Admit (Use the appropriate admission order forms) |
|             | **IF PATIENT MEETS ANY OF THE BELOW CRITERIA, THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.***
|             | **DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART***
|             | **Admission Criteria (criteria that exclude the patient from observation level of care)**
|             | - Diagnostic EKG changes or positive biomarkers
|             | - Cardiac Risk Score 5 or greater points = moderate to high risk
|             | - Continuing chest pain
|             | - Unstable vital signs
|             | **PATIENT MUST MEET ONE OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**
|             | **THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.***
|             | **Observation Criteria (inclusion criteria that make observation level of care a possibility)**
|             | - Cardiac Risk Score 2 to 4 points = low risk
|             | - No continuing chest pain
|             | - Stable vital signs
|             | **Observation Unit Disposition Decision**
|             | **DISCHARGE (All Criteria Present)**
|             | - Benign observation course
|             | - Stable vital signs
|             | **ADMIT (Any Criteria Present)**
|             | - Deterioration of clinical course
|             | - Unstable vital signs or unstable dysrhythmia
|             | - Diagnosis requiring inpatient admission
|             | **Cardiac Risk Score tool for Possible ACS**
|             | Non diagnostic EKG changes (1 point)
|             | - EKG ST segment changes (< 1 mm ST seg change)
|             | - OR T wave changes OR LBBB
|             | Age / sex (1 point)
|             | - (Male > 45 years old; Female > 55 years old)
|             | Past history CAD (2 points)
|             | - (Angina or PCI or Coronary surgery or MI)
|             | Cardiac Risk Factors (up to 5 points)
## Chest Pain Observation Physician Orders

### Initial Orders:
1. **Dx:** Chest Pain or Chest Pain Equivalent
2. **Cardiac Monitoring:** Indication: (check one) - Chest Pain or Chest Pain Equivalent
3. **Vitals:** q 15 to 30 minutes until stable, then q2h x 2, then q4h. Temperature q shift
4. **Diet (Check One):**
   - Regular
   - Clear Liquids
   - NPO
   - ADA 1800 kcal/day
   - Heart Healthy
5. **Diet:** NPO from 4 am on ___________ (Date)
6. **Activity:** Bedrest x 4 hrs, then ambulate if stable & neg enzymes
7. **May go off monitor for testing if stable**
8. **No IM injections**
9. **Saline lock**
10. **Troponin I**
11. **BMP**
12. **CBC with diff**
13. **EKG**
14. **CXR:** Portable or PA Lateral; Indication: Chest pain

### Subsequent Orders:
15. **Troponin I q6h for a total of 3 sets**

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### Family History
- History of CAD
- Hyperlipidemia
- Diabetes Mellitus
- History of smoking
- Hypertension

### Chest Pain (up to 3 points)
- Substernal
- Exercise related
- Relieved with NTG

### Chest Pain Equivalent (up to 4 points)
- Syncope
- SOB/dyspnea
- Rapid heart beat
- Unexplained weakness

**ADD UP TOTAL# POINTS ABOVE:** _____________
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**Medication Orders**

1. **Aspirin Order (check applicable box)**
   - ☐ Aspirin 81 mg, chew 4 tabs PO now (unless taken in ED)
   - ☐ Hold aspirin because **contraindicated**
   - ☐ Patient received aspirin within 24 hours of hospital arrival

2. ☐ Tylenol (acetaminophen) 650 mg PO or PR every 6 hrs PRN Temp > 101°F or mild pain (0.1 – 3 on the numeric pain intensity scale). If the patient is unable to take PO meds, administer a suppository per rectum instead.
   - **DO NOT EXCEED 3 grams of acetaminophen in 24 hrs**

3. ☐ Nitroglycerin paste ______ inches every 8 hours (0.5 inch = 7.5mg, 1 inch = 15mg, etc…)

4. ☐ IV fluids: ______________________________ @ ______ mL/hr x _____ liters

5. ☑ If K+ 3 - 3.4 mmol/L give Klor 40 mEq PO x 1 dose. Recheck K+ level in 6 hours.
   - ☑ If K+ 3.5 - 3.9 mmol/L give Klor 20 mEq PO x 1 dose.

6. ☐ Pepcid (Famotidine) 20 mg IV or PO twice daily. If the patient is able to take PO meds, give by the oral route. If unable to take PO meds, administer the injectable by IV route instead.

7. ☐ Nicotine Transdermal Patch 7 mg 14 mg 21 mg apply one patch topically daily. Always remove the previous day’s patch before applying a new one. Do not apply the new one to the same site.

8. ☐ Zofran (ondansetron) 4 mg IV or PO every 6 hours PRN nausea/vomiting. If the patient is able to take PO meds, give by the oral route. If unable to take PO meds, administer the injectable by IV route instead.

9. **Other Medications:**

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Date & Time

Physician Signature

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*ST. DOMINIC-JACKSON MEMORIAL HOSPITAL*

**JACKSON, MISSISSIPPI**

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**DOCTOR’S ORDERS**

REV 11/12; SD40-3