



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

CHEST PAIN/ACUTE CORONARY SYNDROME PROTOCOL

*****All Items With a Box Must Be Checked by the Provider*****

Date:		Time:		Allergies:
Patient Name:				
PROTOCOL ORDERS				
1. Nursing Orders:				
a) Triage immediately, complete comprehensive pain assessment and document time of onset				
b) Notify provider of chest pain immediately				
c) Initiate continuous cardiac monitoring, assess rhythm and monitor for dysrhythmias				
d) Vital signs with pulse oximetry every 15 minutes notify provider of:				
<ul style="list-style-type: none"> • HR >120 • SBP <90 • RR >28 • SaO2 <90% 				
e) Document patient's height and weight				
f) Evaluate for pulmonary hypertension and erectile dysfunction medication (e.g., Viagra®, Cialis®, and Revatio®)				
f) Initiate O2 at 2-4L per nasal cannula if O2 sat <94%				
g) Insert large gauge peripheral IV hep-lock Sodium Chloride 0.9% flush prn for line patency				
Diagnostics				
2. STAT 12 Lead ECG within 5 minutes of patient arrival				
3. STAT Chest X-ray AP (1 view)				
<input type="checkbox"/> CT Chest/Thorax with contrast to rule out PE				
Laboratory				
ABG	BNP	CK Total	CK MB	
CBC with differential	D-Dimer	CMP	CRP	
Fibrinogen	Magnesium	Phosphorus	PT/INR	
PTT	Urinalysis	Serial Troponin-I on arrival, 3 hr and 6 hr		
Medication				
4. Nitrates				
<input type="checkbox"/> Nitroglycerin 0.4mg sublingually every 5 minutes x 3 for chest pain				
<input type="checkbox"/> Nitroglycerin 25mg/250mL premix initiate at 5mcg/min and titrate by 5mcg/min every 3 minutes until chest pain is relieved or SBP less than 130				
5. Antiplatelets and Anticoagulants				
<ul style="list-style-type: none"> • STAT Aspirin 324mg PO x1 (give four 81mg chewable tablets) 				
<input type="checkbox"/> Clopidogrel (Plavix®) 300mg PO x 1				
<input type="checkbox"/> Lovenox® 1mg/kg subcutaneous x1 (Max dose 100mg)				
<input type="checkbox"/> Heparin 60 units/kg IV push x 1 (not to EXCEED 5000 units)				
<input type="checkbox"/> Heparin infusion (start at 12 units/kg/hr – refer to Heparin Protocol)				
6. Pain Management				
<input type="checkbox"/> Morphine 2mg IV push x 1				
<input type="checkbox"/> Morphine 4mg IV push x 1				
<input type="checkbox"/> Hydromorphone 1mg IV push x 1				

7. Anti-emetics:
<input type="checkbox"/> Ondansetron 4 mg IV push x 1
<input type="checkbox"/> Ondansetron 4mg ODT x 1
<input type="checkbox"/> Promethazine 24 mg IM x 1
<input type="checkbox"/> Promethazine 50mg IM x 1
<input type="checkbox"/> Metoclopramide 10 mg IV push x 1
<input type="checkbox"/> Pantoprazole 40mg IV push x 1
<input type="checkbox"/> GI Cocktail PO x 1
8. IV Fluids
<input type="checkbox"/> Sodium Chloride 0.9% 1000mL 999mL/hr bolus
<input type="checkbox"/> Sodium Chloride 0.9% 1000mL _____ mL/hr
ADDITIONAL ORDERS

Nurse Signature: _____ **Date:** _____ **Time:** _____

Provider Signature: _____ **Date:** _____ **Time:** _____