

PHYSICIAN'S ORDER SHEET

ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.

| | | | |
|------------------------|--|---|--|
| | Check (✓) Each Order As Transcribed | Check (✓) Pharmacy Orders | Chest Pain, R/O MI (First 12 hours) ACUTE CORONARY SYNDROME (ACS) Unstable Angina, Non-Q-Wave Infarct & Patients for PCI <i>(Percutaneous Coronary Intervention)</i> |
| PATIENT IDENTIFICATION | | | CHECK ALL APPROPRIATE BOXES: <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Peripheral Lines x 1 - KVO NS <input type="checkbox"/> Chest X-ray (portable) <input type="checkbox"/> O2 2 L N/C if pulse ox < 97% |
| | | | <input type="checkbox"/> EKG - 12 Lead STAT & Qam x 3 days. STAT PRN Chest Pain. Repeat EKG 2 hrs after first EKG. |
| | | | <input type="checkbox"/> Echocardiogram (To be read by: _____) |
| | | | <input type="checkbox"/> Labs CBC, CPK 0 - 4 - 8, CMP, PT / PTT, T&S, U / A (Troponin included in CK0 & CK4) |
| | | | <input type="checkbox"/> Beta Blocker for 6S Acute & ICU: IV and/or PO _____ |
| | | | <input type="checkbox"/> Beta Blocker for 6S Tele, 6E Tele & 2S: PO ONLY _____ |
| | | | <input type="checkbox"/> Aspirin 325 mgs P.O. |
| | | | <input type="checkbox"/> For chest pain, sublingual NTG 1/150 q 5 min x 3. Hold when pain is relieved. |
| | | | <input type="checkbox"/> NTG paste _____ ins topically q6H (hold 0000 to 0600) |
| | | | <input type="checkbox"/> NTG 50 mgs in 250 D5W Titrate to SBP _____ / DBP _____ and / or pain relief (except 6E) |
| | | <input type="checkbox"/> If Mg < 2mg / dl., give 2 grams of Mg in 100cc of NAACL I.V. over _____ hr x _____ times. | |
| | | CHECK ONLY 1 BOX: <input type="checkbox"/> HEPARIN INFUSION: For patients on Glycoprotein Inhibitor, 20000 units in 500 D5W. Select [1] or [2] ONLY: _____ [1] Patients < 70 Kgs: Bolus 60 units / Kg IV: Infusion 12 units / Kg / hr IV. _____ [2] Patients > 70 Kgs: Bolus 5,000 units IV: Infusion 1,000 units / hr IV. <input type="checkbox"/> HEPARIN INFUSION for Patient NOT on Glycoprotein Inhibitor: <u>WEIGHT BASED HEPARIN PROTOCOL</u> <input type="checkbox"/> ENOPROX (Lovenox): 1 mg / kg (max 183 mg) q 12 hr S.Q. [ok with or without Glycoprotein Inhibitor]. | |
| | | CHECK 1 BOX ONLY: [ICU, 2S, 6S ONLY] <input type="checkbox"/> EPTAFIBATIDE (Integrilin): Bolus from 10 mL vial. Infusion from 100 mL vial. Select [1], [2] or [3] ONLY: _____ [1] Patient < 121 Kgs & Cr < 2.0 mg / dL - Bolus 180 mcg / Kg IV over 2 min. Infusion 2 mcg / Kg / min (up to 72 hours) IV. _____ [2] Patient > 121 Kgs & Cr < 2.0 mg / dL. Bolus 22.6 mg (11.3 mLs of 2 mg / ml IV) over 2 min. Infusion 15 mg / hr (20 mls of 0.75 mg / ml IV). _____ [3] Patients < 121 Kgs and Cr between 2.0 mg / dL & 4.0 mg / dL - Bolus 135 mcg / Kg IV over 2 min Infusion 0.5 mcg / Kg / min (Do not use for pts with Cr > 4.0 mg / dL or pts. on dialysis). <input type="checkbox"/> TIROFIBAN: (Aggrastat) Select [1] or [2] ONLY: _____ [1] Most Patients: 0.4 mcg / Kg / min for 30 min; then 0.1 mcg / Kg / min. _____ [2] Patients with Severe Renal Impairment: 0.2 mcg / Kg / min for 30 min; then 0.05 mcg / Kg / min. | |
| | | EPTAFIBATIDE: Inspect solutions. Do not use vials with visible particulate matter. May be administered in same IV line as alteplase, atropine, dobutamine, midazolam, morphine, nitroglycerin, or verapamil. DO NOT infuse with furosemide (Lasix). May be administered in 0.9% NaCl, D5 NaCl, or up to 60 mcg / L of potassium chloride. | |
| | FAXED BY/TIME: | TIME NOTED: | Date: _____ Time: _____ (Military Time) Doctor's Signature _____ MD Nurse's Signature / Title _____ |

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD

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| PATIENT IDENTIFICATION | Check (✓) Each Order As Transcribed | Check (✓) Pharmacy Orders | Chest Pain, R/O MI (First 12 hours) ACUTE CORONARY SYNDROME (ACS) Unstable Angina, Non-Q-Wave Infarct & Patients for PCI (Percutaneous Coronary Intervention) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|--|---------------------------------|--|--------------------------------|-----------------------|----------------------------|-------------------------|--------|--|--------------------------------|--|--------------------------------|-------|-----|---|-------|---|-------|-------|-----|----|-------|-------|----|-------|-----|----|-------|-----|----|-------|-----|-------|-------|-----|----|--------|-------|----|---------|-----|----|---------|------|----|---------|------|-------|------|------|----|---------------------|-----------------------|----------------------------|-------|--------|--------|---------|-----|----|-------|-----|---------|-------|-----|----|--------|---------|----|---------|-----|----|---------|-----|----|---------|-----|---------|----|----|----|---|
| | | | INGEGRILIN: (continued) Integrilin Dosing Chart by Weight for Patients with Coronary Syndrome (180µg / Kg / Bolus 2 microgram / Kg / min. Infusion) (Cr. < 2.0 mg / dL) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Patient Weight (kg)</th> <th>Bolus Volume (2mg/mL)</th> <th>Infusion Rate (0.75 mg/mL)</th> </tr> </thead> <tbody> <tr><td>37-41</td><td>3.4 mL</td><td>6 mL/h</td></tr> <tr><td>42-46</td><td>4</td><td>7</td></tr> <tr><td>47-53</td><td>4.5</td><td>8</td></tr> <tr><td>54-59</td><td>5</td><td>9</td></tr> <tr><td>60-65</td><td>5.6</td><td>10</td></tr> <tr><td>66-71</td><td>6.2</td><td>11</td></tr> <tr><td>72-78</td><td>6.8</td><td>12</td></tr> <tr><td>79-84</td><td>7.3</td><td>13</td></tr> <tr><td>85-90</td><td>7.9</td><td>14</td></tr> <tr><td>91-96</td><td>8.5</td><td>15</td></tr> <tr><td>97-103</td><td>9</td><td>16</td></tr> <tr><td>104-109</td><td>9.5</td><td>17</td></tr> <tr><td>110-115</td><td>10.2</td><td>18</td></tr> <tr><td>116-121</td><td>10.7</td><td>19</td></tr> <tr><td>>122</td><td>11.3</td><td>20</td></tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;">Dosage for patients with 2.0 < Cr. ≤ 4.0:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Patient Weight (kg)</th> <th>Bolus Volume (2mg/mL)</th> <th>Infusion Rate (0.75 mg/mL)</th> </tr> </thead> <tbody> <tr><td>40-55</td><td>3.4 mL</td><td>6 mL/h</td></tr> <tr><td>56-68</td><td>4.2</td><td>7</td></tr> <tr><td>69-80</td><td>5.1</td><td>8</td></tr> <tr><td>81-93</td><td>5.9</td><td>9</td></tr> <tr><td>94-105</td><td>6.8</td><td>10</td></tr> <tr><td>106-118</td><td>7.6</td><td>11</td></tr> <tr><td>119-131</td><td>8.4</td><td>12</td></tr> <tr><td>132-143</td><td>9.2</td><td>12</td></tr> </tbody> </table> | Patient Weight (kg) | Bolus Volume (2mg/mL) | Infusion Rate (0.75 mg/mL) | 37-41 | 3.4 mL | 6 mL/h | 42-46 | 4 | 7 | 47-53 | 4.5 | 8 | 54-59 | 5 | 9 | 60-65 | 5.6 | 10 | 66-71 | 6.2 | 11 | 72-78 | 6.8 | 12 | 79-84 | 7.3 | 13 | 85-90 | 7.9 | 14 | 91-96 | 8.5 | 15 | 97-103 | 9 | 16 | 104-109 | 9.5 | 17 | 110-115 | 10.2 | 18 | 116-121 | 10.7 | 19 | >122 | 11.3 | 20 | Patient Weight (kg) | Bolus Volume (2mg/mL) | Infusion Rate (0.75 mg/mL) | 40-55 | 3.4 mL | 6 mL/h | 56-68 | 4.2 | 7 | 69-80 | 5.1 | 8 | 81-93 | 5.9 | 9 | 94-105 | 6.8 | 10 | 106-118 | 7.6 | 11 | 119-131 | 8.4 | 12 | 132-143 | 9.2 | 12 | | | | |
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| 37-41 | 3.4 mL | 6 mL/h | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42-46 | 4 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47-53 | 4.5 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54-59 | 5 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60-65 | 5.6 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66-71 | 6.2 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72-78 | 6.8 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 79-84 | 7.3 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85-90 | 7.9 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 91-96 | 8.5 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97-103 | 9 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104-109 | 9.5 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110-115 | 10.2 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116-121 | 10.7 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| >122 | 11.3 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Weight (kg) | Bolus Volume (2mg/mL) | Infusion Rate (0.75 mg/mL) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40-55 | 3.4 mL | 6 mL/h | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56-68 | 4.2 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 69-80 | 5.1 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 81-93 | 5.9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 94-105 | 6.8 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106-118 | 7.6 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119-131 | 8.4 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 132-143 | 9.2 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | AGGRASTAT: (continued) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2">Patient Weight (kg)</th> <th colspan="2">MOST PATIENTS</th> <th colspan="2">SEVERE RENAL IMPAIRMENT</th> </tr> <tr> <th>30 Min Loading Infusion Rate (mL / hr)</th> <th>Maint Omfisop m Rate (mL / hr)</th> <th>30 Min Loading Infusion Rate (mL / hr)</th> <th>Maint Omfisop m Rate (mL / hr)</th> </tr> </thead> <tbody> <tr><td>30-37</td><td>16</td><td>4</td><td>8</td><td>2</td></tr> <tr><td>38-45</td><td>20</td><td>5</td><td>10</td><td>3</td></tr> <tr><td>46-54</td><td>24</td><td>6</td><td>12</td><td>3</td></tr> <tr><td>55-62</td><td>28</td><td>7</td><td>14</td><td>4</td></tr> <tr><td>63-70</td><td>32</td><td>8</td><td>16</td><td>4</td></tr> <tr><td>71-79</td><td>36</td><td>9</td><td>18</td><td>5</td></tr> <tr><td>80-87</td><td>40</td><td>10</td><td>20</td><td>5</td></tr> <tr><td>88-95</td><td>44</td><td>11</td><td>22</td><td>6</td></tr> <tr><td>94-104</td><td>48</td><td>12</td><td>24</td><td>6</td></tr> <tr><td>105-112</td><td>52</td><td>13</td><td>26</td><td>7</td></tr> <tr><td>113-120</td><td>56</td><td>14</td><td>28</td><td>7</td></tr> <tr><td>121-128</td><td>60</td><td>15</td><td>30</td><td>8</td></tr> <tr><td>129-137</td><td>64</td><td>16</td><td>32</td><td>8</td></tr> <tr><td>138-145</td><td>68</td><td>17</td><td>34</td><td>9</td></tr> </tbody> </table> | Patient Weight (kg) | MOST PATIENTS | | SEVERE RENAL IMPAIRMENT | | 30 Min Loading Infusion Rate (mL / hr) | Maint Omfisop m Rate (mL / hr) | 30 Min Loading Infusion Rate (mL / hr) | Maint Omfisop m Rate (mL / hr) | 30-37 | 16 | 4 | 8 | 2 | 38-45 | 20 | 5 | 10 | 3 | 46-54 | 24 | 6 | 12 | 3 | 55-62 | 28 | 7 | 14 | 4 | 63-70 | 32 | 8 | 16 | 4 | 71-79 | 36 | 9 | 18 | 5 | 80-87 | 40 | 10 | 20 | 5 | 88-95 | 44 | 11 | 22 | 6 | 94-104 | 48 | 12 | 24 | 6 | 105-112 | 52 | 13 | 26 | 7 | 113-120 | 56 | 14 | 28 | 7 | 121-128 | 60 | 15 | 30 | 8 | 129-137 | 64 | 16 | 32 | 8 | 138-145 | 68 | 17 | 34 | 9 |
| Patient Weight (kg) | MOST PATIENTS | | SEVERE RENAL IMPAIRMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 30 Min Loading Infusion Rate (mL / hr) | Maint Omfisop m Rate (mL / hr) | 30 Min Loading Infusion Rate (mL / hr) | Maint Omfisop m Rate (mL / hr) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30-37 | 16 | 4 | 8 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38-45 | 20 | 5 | 10 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46-54 | 24 | 6 | 12 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55-62 | 28 | 7 | 14 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63-70 | 32 | 8 | 16 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71-79 | 36 | 9 | 18 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80-87 | 40 | 10 | 20 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 88-95 | 44 | 11 | 22 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 94-104 | 48 | 12 | 24 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105-112 | 52 | 13 | 26 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 113-120 | 56 | 14 | 28 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 121-128 | 60 | 15 | 30 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 129-137 | 64 | 16 | 32 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 138-145 | 68 | 17 | 34 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD