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UNSTABLE ANGINA CLINICAL PATHWAY

PATIENT IDENTIFICATION

Initiating UNIT:	Initiating DATE:	Initiating TIME:	DRG NO: 140	LENGTH OF STAY: 3.0
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	0 - 15 mins	15 - 60 mins	1 - 3 hours	3 - 6 hours	6 - 10 hours	6 - 10 hours	Day 2	Day 3
ACTIVITY	<input type="checkbox"/> Bedrest	<input type="checkbox"/> Bedrest	<input type="checkbox"/> Bedrest <input type="checkbox"/> Arrange for admission to monitored bed	<input type="checkbox"/> Bedrest	—————>	—————>	—————>	—————>
TEST SPECIMENS	<input type="checkbox"/> EKG within 1st 15 min LABS: <input type="checkbox"/> CPK within 1st 30 min - send STAT <input type="checkbox"/> SMA 20 <input type="checkbox"/> CBC <input type="checkbox"/> PT + PTT <input type="checkbox"/> Type + Screen <input type="checkbox"/> M B <input type="checkbox"/> Consider ABG's if pulse ox 95%	<input type="checkbox"/> Portable CXR - if indicated <input type="checkbox"/> Send all bloods drawn except Type + Screen - stat <input type="checkbox"/> Repeat EKG at 60 min if chest pain present	<input type="checkbox"/> Check CPK results at 1 hour post sent <input type="checkbox"/> Check CBC at 1 hour post sent <input type="checkbox"/> Check CXR results <input type="checkbox"/> Repeat EKG at hour 2 if indicated	<input type="checkbox"/> Check CK#2 at hour 4 <input type="checkbox"/> Check 2ND cpk results 1 hour post sent <input type="checkbox"/> EKG*	<input type="checkbox"/> Check CK#3 at hour 8 <input type="checkbox"/> Check 3rd CPK results 1 hr post sent <input type="checkbox"/> Schedule Stress Test as indicated	<input type="checkbox"/> Check CK#3 at hour 16 + 24 <input type="checkbox"/> Consider echocardiogram if indicated <input type="checkbox"/> Consider Cardiac cath for Day 2 if indicated	—————>	—————>
DIET	<input type="checkbox"/> NPO	<input type="checkbox"/> NPO	<input type="checkbox"/> Clear Liquids	<input type="checkbox"/> As Appropriate	—————>	—————>	—————>	—————>
MEDS	<input type="checkbox"/> Consider SL Nitro <input type="checkbox"/> If pulse ox 98% and chest pain, start O2	If pain persists: <input type="checkbox"/> Nitrates - SL, Topical or IV <input type="checkbox"/> Start IV Heparin <input type="checkbox"/> ASA 325 mg po	<input type="checkbox"/> Consider Beta Blockers	<input type="checkbox"/> Continue IV Heparin (HL)	—————>	—————>	—————>	—————>
CONSULTS			<input type="checkbox"/> Notify PMD and discuss need for Cardiology Consult	<input type="checkbox"/> Social Services, Dietary as indicated				
IV'S	<input type="checkbox"/> Insert Heparin Lock <input type="checkbox"/> Fluids as indicated	—————>	<input type="checkbox"/> Continue IV	—————>	—————>	—————>	—————>	—————>
TREATMENT	<input type="checkbox"/> Intake & Output	—————>	—————>	—————>	—————>	—————>	—————>	—————>
VITAL SIGNS	<input type="checkbox"/> On presentation + 15 min Pulse Ox <input type="checkbox"/> Continue cardiac monitoring until 12 lead done & evaluated by MD	<input type="checkbox"/> Continuous cardiac monitoring <input type="checkbox"/> VS q 15 min x 4	<input type="checkbox"/> VS q 30 min While on IV Nitro	<input type="checkbox"/> VS q 1 hour While on IV Nitro	<input type="checkbox"/> VS 8 hour if still on IV Nitro; q 2 hr if off	<input type="checkbox"/> VS per unit routine	—————>	—————>

* Any changes in pain (re-occurs or exacerbates) - EKG REPEAT

Clinical pathways are tools to facilitate and guide multi-disciplinary patient care. They do not represent a standard of care or replace physician orders or clinical judgment. Modifications are made based on documented individual patient needs.

PART OF THE MEDICAL RECORD

UNSTABLE ANGINA - CLINICAL PATHWAY

Initiating UNIT:	Initiating DATE:	Initiatin TIME:	DRG NO: 140	LENGTH OF STAY: 3.0
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	0 - 15 mins	15 - 60 mins	1 - 3 hours	3 - 6 hours	6 - 10 hours	6 - 10 hours	Day 2	Day 3
DISCHARGE PLANNING		<input type="checkbox"/> Complete High Risk Assessment Screen <input type="checkbox"/> Identify discharge needs	<input type="checkbox"/> Assessment of home / family resources / support systems					
TEACHING		<input type="checkbox"/> Orient patient to physical surrounding. Explain all procedures. Assess risk factors.	<input type="checkbox"/> Explain admission and plan of care to patient and family.		<input type="checkbox"/> Medication instruction as indicated-symptom management		Teach <input type="checkbox"/> A & P <input type="checkbox"/> Risk Factors <input type="checkbox"/> Activity <input type="checkbox"/> Chest pain Assessment <input type="checkbox"/> Medications <input type="checkbox"/> Reinforce Diet Teaching <input type="checkbox"/> Cardiac Cath Teaching, if indicated	<input type="checkbox"/> Review Discharge Instruction
EVALUATION	<u>ON TRACK</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>ON TRACK</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>ON TRACK</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>ON TRACK</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>ON TRACK</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>ON TRACK</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>ON TRACK</u> 0700 <input type="checkbox"/> Y <input type="checkbox"/> N 1900 <input type="checkbox"/> Y <input type="checkbox"/> N	<u>ON TRACK</u> 0700 <input type="checkbox"/> Y <input type="checkbox"/> N 1900 <input type="checkbox"/> Y <input type="checkbox"/> N

* Any changes in pain (re-occurs or exacerbates) - EKG REPEAT

PATIENT NAME:	AGE:	ROOM #:	PHYSICIAN:
ADMISSION DATE:	ADMISSION TIME: (Military Time)	DISCHARGE DATE:	DISCHARGE TIME: (Military Time)
		ACTUAL LOS:	

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Variance Tracking - CLINICAL PATHWAY OFF TRACK

DATE	TIME of VARIANCE (Military Time)	DATE of PATHWAY (Example: DAY 1)	NURSE VARIANCE CODE(s) [Maximum of 5]	SIGNATURE / TITLE

**ALL CODES ARE DISPLAYED ON BACK OF SHEET
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Variance Tracking - CLINICAL PATHWAY OFF TRACK ***CODING [Maximum of 5]***

1A	PATIENT PHYSICAL CONDITION	2G1	DIRECT CAREGIVER RESP TIME - RN
1B	PATIENT / FAMILY DECISION (REFUSAL)	2G2	DIRECT CAREGIVER RESP TIME - REHAB
1C	PATIENT / FAMILY AVAILABILITY (unavailable)	2G3	DIRECT CAREGIVER RESP TIME - DIETITIAN
1D	PATIENT / FAMILY LEARNING ABILITY	2G4	DIRECT CAREGIVER RESP TIME - MD
		2G5	DIRECT CAREGIVER RESP TIME - EDUCATOR
1F	OFF PATHWAY - MULTIPLE DIAGNOSIS	2G6	DIRECT CAREGIVER RESP TIME - SW
1G	OFF PATHWAY - CHANGE IN PHYSICAL CONDITION	2G7	DIRECT CAREGIVER RESP TIME - NOT STARTED ON PATHWAY BY PREVIOUS UNIT
1H	OFF PATHWAY - LENGTH OF STAY > PATHWAY LENGTH OF STAY		
1I	OFF PATHWAY - NEW DIAGNOSIS (OR CHANGE IN DIAGNOSIS)	3I1	TEST RESULTS UNAVAILABLE - RADIOLOGY
1J	OFF PATHWAY - CHANGE IN SURGICAL PROCEDURE	3I2	TEST RESULTS UNAVAILABLE - REHAB
2I	OFF PATHWAY - MD REFUSED	3I3	TEST RESULTS UNAVAILABLE - LAB
		3I4	TEST RESULTS UNAVAILABLE - NUC. MED
		3I5	TEST RESULTS UNAVAILABLE - CARDIOLOGY
2E1	PHYSICIAN ORDER OMISSION / DELETION - MEDICATION	3N1	DELAY - PHARMACY
2E2	PHYSICIAN ORDER OMISSION / DELETION - TREATMENT	3N2	DELAY - LAB
2E3	PHYSICIAN ORDER OMISSION / DELETION - TEST	3N3	DELAY - RADIOLOGY
2F1	PHYSICIAN ORDER ADDITION - MEDICATION	3N4	DELAY - REHAB
2F2	PHYSICIAN ORDER ADDITION - TREATMENT	3L	DELAY - BED UNAVAILABILITY
2F3	PHYSICIAN ORDER ADDITION - TEST	4N	DISCHARGE PLACEMENT
		4O	HOMECARE PROVIDER AVAILABILITY
		4P	TRANSPORTATION
		4Q	HOMECARE EQUIPMENT / SUPPLY AVAILABILITY

PART OF THE MEDICAL RECORD