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CLINICAL PATHWAY ACUTE M.I.

DRG NO 122

PATIENT IDENTIFICATION

Initiating UNIT:		Initiating DATE:		Initiating TIME:		DRG NO: 122		LENGTH OF STAY: 6.0		
	0 - 15 mins DATE: _____	15 - 60 mins DATE: _____	1 - 3 hours DATE: _____	3 - 10 hours DATE: _____	10 - 24 hours DATE: _____	Day 2 DATE: _____	Day 3 DATE: _____	Day 4 DATE: _____	Day 5 DATE: _____	Day 6 DATE: _____
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	<input type="checkbox"/> Bedrest	<input type="checkbox"/> Bedrest w/ bedside commode if pain free	<input type="checkbox"/> Assisted care OOB to chair	<input type="checkbox"/> Minimal assist amb. in room w/ assist to OOB to Br	<input type="checkbox"/> Self care Ambulate in hall	<input type="checkbox"/> Self care
TEST SPECIMENS	<input type="checkbox"/> EKG within 1st 15 min LABS: <input type="checkbox"/> CKO within 1st 30 min - STAT <input type="checkbox"/> SMA 20 <input type="checkbox"/> CBC <input type="checkbox"/> PT + PTT <input type="checkbox"/> Type + Hold <input type="checkbox"/> M B <input type="checkbox"/> Consider ABG's if pulse ox 95%	<input type="checkbox"/> Portable CNR <input type="checkbox"/> Send all bloods drawn except Type _____ STAT <input type="checkbox"/> Repeat EKG at 60 minutes if chest pain present	<input type="checkbox"/> Check CKO results at 1 hour post sent <input type="checkbox"/> Check CBC at 1 hour post sent <input type="checkbox"/> Check CNR results <input type="checkbox"/> Repeat EKG at hour 2 if indicated <input type="checkbox"/> Follow TPA protocol as indicated for test + specimen orders	<input type="checkbox"/> Check CK4 at hour 4 <input type="checkbox"/> Check CK4 results 1 hr post sent <input type="checkbox"/> EKG per protocol <input type="checkbox"/> Continue TPA protocol as indicated <input type="checkbox"/> Draw CK8	<input type="checkbox"/> Check CK8 at hour 8 <input type="checkbox"/> Check CK8 at results 1 hr post sent <input type="checkbox"/> Consider echocardiogram if indicated	<input type="checkbox"/> PT + PTT <input type="checkbox"/> EKG	<input type="checkbox"/> PT + PTT <input type="checkbox"/> EKG <input type="checkbox"/> Consider Cardiac Cath			
DIET	<input type="checkbox"/> NPO	<input type="checkbox"/> NPO	<input type="checkbox"/> Clear Liquids	<input type="checkbox"/> As Appropriate	<input type="checkbox"/> Cardiac Diet	<input type="checkbox"/> Cardiac Diet	<input type="checkbox"/> Cardiac Diet	<input type="checkbox"/> Cardiac Diet	<input type="checkbox"/> Cardiac Diet	<input type="checkbox"/> Cardiac Diet
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"/> Initiate TPA protocol as appropriate	<input type="checkbox"/> Consider Beta Blockers	<input type="checkbox"/> Continue IV Heparin (HL)	<input type="checkbox"/> Continue IV Heparin (HL)	<input type="checkbox"/> Consider Discontinuing Heparin (HL)	<input type="checkbox"/> Consider Discontinuing Heparin (HL)	<input type="checkbox"/> Consider Discontinuing Heparin (HL)		

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.

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	0 - 15 mins	15 - 60 mins	1 - 3 hours	3 - 10 hours	10 - 24 hours	Day 2	Day 3	Day 4	Day 5	Day 6
CONSULTS		<input type="checkbox"/> Notify PMD and discuss need for Cardiology consult		<input type="checkbox"/> Social Services dietary as indicated						
IVS	<input type="checkbox"/> Insert Heparin Lock (HL) <input type="checkbox"/> Fluids as indicated	<input type="checkbox"/> HL <input type="checkbox"/> Insert 2nd line, different arm	<input type="checkbox"/> HL <input type="checkbox"/> Continue IV	<input type="checkbox"/> HL	<input type="checkbox"/> HL	<input type="checkbox"/> HL	<input type="checkbox"/> D/C HL			
TREATMENT	<input type="checkbox"/> Intake + Output (I&O)	<input type="checkbox"/> I&O	<input type="checkbox"/> I&O	<input type="checkbox"/> I&O	<input type="checkbox"/> I&O	<input type="checkbox"/> I&O	<input type="checkbox"/> I&O	<input type="checkbox"/> I&O		
VITAL SIGNS	<input type="checkbox"/> On presentation 15 min Pulse ox <input type="checkbox"/> Continuous cardiac monitoring until 12 lead done + evaluated by MD <input type="checkbox"/> Admission weight (reported)	<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 q 1 hour if still on IV Nitro <input type="checkbox"/> q 2 hour if off	<input type="checkbox"/> Daily Weight (DW) <input type="checkbox"/> VS q 1 hour if still on IV Nitro <input type="checkbox"/> VS per unit routine	<input type="checkbox"/> DW <input type="checkbox"/> VS q 1 hour if still on IV Nitro	<input type="checkbox"/> DW <input type="checkbox"/> VS q 1 hour if still on IV Nitro	<input type="checkbox"/> DW	<input type="checkbox"/> DW
DISCHARGE PLANNING		<input type="checkbox"/> Identify Discharge needs	<input type="checkbox"/> Assessment of home family resources + support systems							
TEACHING		<input type="checkbox"/> Orient patient to physical surroundings. Explain all procedures. Assess risk factors.	<input type="checkbox"/> Explain admission + plan of care to patient and family		<input type="checkbox"/> Medication instruction as indicated - symptom management	<input type="checkbox"/> Implement Phase I Cardiac Rehab			<input type="checkbox"/> Discharge Instructions <input type="checkbox"/> Reinforce all teaching	
EVALUATION	Initials _____ Unit _____	Initials _____ Unit _____	Initials _____ Unit _____	Initials _____ Unit _____	Initials _____ Unit _____	_____ Unit _____	_____ Unit _____	_____ Unit _____	_____ Unit _____	_____ Unit _____

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