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CLINICAL PATHWAY

Acute Coronary Syndrome

PATIENT IDENTIFICATION

	Initiating UNIT:			Initiating DATE:		Initiating TIME:			
	0 - 15 mins DATE: _____	15 - 60 mins DATE: _____	1 - 3 hours DATE: _____	3 - 6 hours DATE: _____	6 - 12 hours DATE: _____	12 - 24 hours DATE: _____	Day 2 DATE: _____	Day 3 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 with bathroom privileges	<input type="checkbox"/> Bedrest with bathroom privileges	<input type="checkbox"/> Bedrest with bathroom privileges	<input type="checkbox"/> Bedrest with bathroom privileges	<input type="checkbox"/> Advance as tolerated	
TEST SPECIMENS	<input type="checkbox"/> EKG within 1st 15 min LABS: <input type="checkbox"/> CKO within 1st 30 min - STAT <input type="checkbox"/> CMP <input type="checkbox"/> CBC <input type="checkbox"/> PT + PTT <input type="checkbox"/> Type + Screen (Draw & Hold) <input type="checkbox"/> Consider ABG's if pulse ox 95%	<input type="checkbox"/> Portable CNR <input type="checkbox"/> Send all bloods drawn except Type _____ Screen _____ STAT <input type="checkbox"/> Repeat EKG at 60 minutes	<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"/> Check CK4 at hour 4 <input type="checkbox"/> Check CK4 results	<input type="checkbox"/> Check CK8 at hour 8 <input type="checkbox"/> Check CK8 at results <input type="checkbox"/> Schedule stress test as indicated	<input type="checkbox"/> Consider echocardiogram if indicated <input type="checkbox"/> Consider Cardiac cath for Day 2 if indicated	<input type="checkbox"/> PTT as per protocol <input type="checkbox"/> EKG	<input type="checkbox"/> EKG	
DIET	<input type="checkbox"/> NPO	<input type="checkbox"/> NPO	<input type="checkbox"/> Clear Liquids	<input type="checkbox"/> As Appropriate	<input type="checkbox"/> As Appropriate	<input type="checkbox"/> Advance as tolerated	<input type="checkbox"/> Advance as tolerated	<input type="checkbox"/> Advance as tolerated	
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 as per protocol <input type="checkbox"/> ASA 325 mg po <input type="checkbox"/> Consider glyco-protein inhibitor	<input type="checkbox"/> Consider Beta Blockers	<input type="checkbox"/> Continue IV Heparin	<input type="checkbox"/> Continue IV Heparin	<input type="checkbox"/> Continue IV Heparin	<input type="checkbox"/> Continue IV Heparin	<input type="checkbox"/> Discontinue IV Heparin	
CONSULTS		<input type="checkbox"/> Notify PMD and obtain Cardiology Consult		<input type="checkbox"/> Social Services Dietary as indicated					

*** Repeat EKG any time pain reoccurs or worsens**

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	0 - 15 mins	15 - 60 mins	1 - 3 hours	3 - 6 hours	6 - 12 hours	12 - 24 hours	Day 2	Day 3
IVS	<input type="checkbox"/> Insert Heparin Lock <input type="checkbox"/> Fluids as indicated	<input type="checkbox"/> Heparin Lock	<input type="checkbox"/> Heparin Lock <input type="checkbox"/> Continue IV	<input type="checkbox"/> Heparin Lock	<input type="checkbox"/> Heparin Lock	<input type="checkbox"/> Heparin Lock	<input type="checkbox"/> Heparin Lock	
TREATMENT	<input type="checkbox"/> Intake + Output (I & O)	<input type="checkbox"/> I & O	<input type="checkbox"/> I & O Admit to 6 South or ICU	<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"/> Continuous cardiac monitoring <input type="checkbox"/> VS q 15 min x 4	<input type="checkbox"/> Continuous cardiac monitoring <input type="checkbox"/> VS q 30 min while on IV Nitro	<input type="checkbox"/> Continuous cardiac monitoring <input type="checkbox"/> VS q 1 hour while on IV Nitro	<input type="checkbox"/> Continuous cardiac monitoring <input type="checkbox"/> VS q 1 hour if still on IV Nitro <input type="checkbox"/> q 2 hour if off	<input type="checkbox"/> Continuous cardiac monitoring <input type="checkbox"/> VS per unit routine		
DISCHARGE PLANNING			<input type="checkbox"/> Assessment of home family resources support systems			<input type="checkbox"/> Identify discharge needs.		
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		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	Initials _____ Unit _____	Initials _____ Unit _____	Initials _____ Unit _____	Initials _____ Unit _____	Initials _____ Unit _____	Initials _____ Unit _____	Initials _____ Unit _____	Initials _____ Unit _____

Contraindications to all glycoprotein inhibitors:

Hx of bleeding diathesis or active abnormal bleeding within the last 30 days	Major surgery within 6 weeks	Symptoms suggestive of aortic dissection
Hypertension (systolic BP - 180 mmHg or diastolic - 110mmHg)	Platelets at 100,000/mm ³	Known allergy to glycoprotein inhibitors
CVA in 30 days, any Hx intracranial bleeding, AV malformation or aneurysm	Acute pericarditis	

Specific contraindications

Aggrastat: Hx thrombocytopenia following prior exposure to Aggrastat
Integrilin: Renal dialysis dependency

Criteria for use of this pathway: Unstable angina & non q-wave M.I.

New onset of chest pain	Rest angina lasting 10 minutes or more within 1 week of presentation	Post M.I. chest pain	ST segment - 0.5 mm depression	T waves inversion - 1 mm
Progressive effort angina		Angina after revascularization	ST segment elevation 0.6 - 1 mm	Abnormal CK - MB without q-waves

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