

University Medical Center
Acute MI / Acute Coronary Syndrome Kardex

Primary MD _____

Age: _____ Admit Date: _____

Allergies: _____

Advance Directive: _____ Code Status: _____

Addressograph _____

Chief complaint on admission / Admitting Diagnosis: _____

ICU Diagnosis / Surgery & Date of Surgery: _____

Past Medical / Surgical Hx.: _____

Isolation: _____
 Consults: _____ / _____ / _____ / _____ / _____
 (Cardiologist)

<p>Daily Plan Date: _____</p> <p><input type="checkbox"/> Patient on Disease Specific CareMap® (if MI +)</p> <p><input type="checkbox"/> Order Set: _____</p> <p><input type="checkbox"/> Cardiac Enzymes: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3</p> <p><input type="checkbox"/> Lipid Profile drawn within 24 hours</p> <p><input type="checkbox"/> Telemetry: _____</p> <p><input type="checkbox"/> Cardiac Cath <input type="checkbox"/> PTCA (Stent _____)</p> <p><input type="checkbox"/> Echo _____</p> <p><input type="checkbox"/> Monitor PT / PTT / INR</p> <p><input type="checkbox"/> Nutrition Consult</p>	<p>LOS: _____</p> <p>Current Problems: <input type="checkbox"/> Chest Pain <input type="checkbox"/> SOB <input type="checkbox"/> Elevated Cardiac Enzymes <input type="checkbox"/> Smoker - (teaching initiated)</p> <p>Resolution: <input type="checkbox"/> Clinically Improved: <input type="checkbox"/> Chest Pain free <input type="checkbox"/> Arrhythmia free</p> <p><input type="checkbox"/> For + MI on Beta-Blockers within 24 hours (if contraindicated, state why) _____</p> <p><input type="checkbox"/> ACE Inhibitors - if B/P can tolerate</p> <p><input type="checkbox"/> ASA within 24 hours of admission. If ASA allergic give Plavix</p> <p><input type="checkbox"/> Statin prescribed as indicated by Lipid Profile</p>
<p>Flu Vaccine - for patients > 50 y.o. Was it given <input type="checkbox"/> Yes <input type="checkbox"/> No - why? If no, institute Influenza Vaccine Standing Order Sheet (Oct. - Mar.)</p> <p>Pneumonia Vaccine - for patients > 65 y.o. Was it given <input type="checkbox"/> Yes <input type="checkbox"/> No - why? If no, institute Pneumonia Vaccine Standing Order Sheet. (All year)</p>	<p>Notes:</p>
<p>Discharge Plan:</p>	<p><input type="checkbox"/> Home with VNS Team</p> <p><input type="checkbox"/> Transfer to facility: _____</p>
<p>Safety/Activity</p>	<p>Falls Protocol Level: _____ Gait steady Y / N Cane / Walker</p> <p>Activity: <input type="checkbox"/> Bedrest <input type="checkbox"/> Dangle <input type="checkbox"/> OOB to Chair <input type="checkbox"/> Ad Lib <input type="checkbox"/> OOB with Assist</p> <p><input type="checkbox"/> Sitter <input type="checkbox"/> Physical Restraints - Type: _____</p> <p>Speech consult date _____ Results _____</p> <p>Swallow eval. Date _____ Results _____</p> <p>PT consult date _____ Frequency _____</p> <p>Treatments _____</p>
<p>Teaching / Psychosocial</p> <p>Smoking Cessation - HARP ext. # 5293 Breath and Lung 201 - 996-2211 HARP Rep. ext. # 2038 Respiratory Educator ext. # 5927</p>	<p>Patient verbalizes understanding of:</p> <p><input type="checkbox"/> Risk Factor Reduction (check all that apply): <input type="checkbox"/> HTN <input type="checkbox"/> Smoking <input type="checkbox"/> Diabetes <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Obesity <input type="checkbox"/> Inactivity <input type="checkbox"/> Dietary Instruction</p> <p><input type="checkbox"/> Verbalizes understanding of signs / symptoms of cardiac events</p> <p><input type="checkbox"/> Understands when and how to take NTG if chest pain recurs</p> <p><input type="checkbox"/> Verbalizes understandings of complications with Anticoagulation Therapy</p> <p><input type="checkbox"/> Monitor INR post discharge <input type="checkbox"/> Activity Level / Cardiac Rehab</p> <p><input type="checkbox"/> Smoking Cessation (If patient stopped smoking within the year, reinforce their decision)</p> <p>Patient Received:</p> <p><input type="checkbox"/> "Take Care of Your Heart"</p> <p><input type="checkbox"/> Discharge Medications include (If not ordered, MD must document why): <input type="checkbox"/> ASA <input type="checkbox"/> Beta-Blockers <input type="checkbox"/> Ace Inhibitors <input type="checkbox"/> Statin <input type="checkbox"/> Plavix (if stented)</p>

PATIENT	CARE	CATEGORIES
<p><u>Shift Assessment</u></p> <p><u>Cardiac</u></p> <ul style="list-style-type: none"> • Vital Signs q _____ hr • Telemetry # _____ • Rhythm _____ • Temp _____ • Pacemaker/AICD _____ <p><u>Respiratory</u></p> <ul style="list-style-type: none"> • O₂ _____ Sat % _____ • Trach Collar _____ • RESP TX _____ • Lung Sounds _____ <p><u>Neurological</u></p> <ul style="list-style-type: none"> • Orientation _____ • EEG _____ • CVA _____ <p><u>GU/Renal</u></p> <ul style="list-style-type: none"> • Foley/Insertion Date _____ • 24° urine _____ • I & O _____ / _____ • HD _____ <p><u>GI</u></p> <ul style="list-style-type: none"> • Last BM _____ • NGT/KFT/Peg _____ • Diet _____ • Nutritional Needs _____ <p><u>Pain Management</u> _____</p>	<p>Wounds/Dsgs _____</p> <p>Drains/Tubes _____</p> <p>Blood Sugars _____</p> <p>Central Lines / Shiley / HO Access</p> <p>Type: _____</p> <p>Location: _____</p> <p>Insertion Date: _____</p> <p>Type: _____</p> <p>Location: _____</p> <p>Insertion Date: _____</p> <p>PIV: Date Inserted: _____</p> <p>Location: _____</p> <p>PIV: Date Inserted: _____</p> <p>Location: _____</p> <p>IVFS/gtts: _____</p> <p>_____</p> <p>_____</p> <p>Date last type/screen _____</p> <p>Blood transfusion/FFP _____</p> <p>_____</p> <p>Blood transfusion consent _____</p>	<p><u>Tests and Labs</u></p> <p>X-rays - date _____</p> <p>Results _____</p> <p>U/A C&S - date _____</p> <p>Results _____</p> <p>Sputum C&S - date _____</p> <p>Results _____</p> <p>Blood Culture- date _____</p> <p>Results _____</p> <p>Wound C&S - date _____</p> <p>Results _____</p> <p>CT Scan - date _____</p> <p>Results _____</p> <p>Dopplers - date _____</p> <p>Results _____</p> <p>Cardiac Cath/Procedure - date _____</p> <p>Results _____</p> <p>Echo - date _____</p> <p>Results _____</p> <p>Other tests: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Abnormal Labs: _____</p>

Daily Updates:

Day 1: _____ Day _____

Day 2: _____ Day _____

Day 3: _____ Day _____

Day 4: _____ Day _____

Day 5: _____ Day _____