Chest Pain Risk Stratification

Chest Pain Risk Stratification (Selection Required)

LOW RISK - No high or intermediate risk features but may have the following: increased angina frequency, severity or duration; angina provoked at lower threshold; new onset angina with onset from 2 weeks to 2 months prior to presentation. Normal ECG and cardiac markers.

INTERMEDIATE RISK - No high risk features, but must have 1 or more of the following: prior history of MI, PVD, CVA, CABG, or prior ASA use; prolonged rest angina that is now resolved with moderate or high likelihood of CAD; rest angina or relieved with rest or sublingual NTG; nocturnal angina; new onset angina in past 2 weeks without prolonged rest pain but with intermediate or high likelihood of CAD; age >70; ECG with T-wave changes or pathological Q waves or resting ST depression <1mm in multiple lead groups; slightly elevated troponin or CKMB.

HIGH RISK - At least 1 of the following features must be present: accelerating tempo of ischemic symptoms in the previous 48 hours; prolonged ongoing (>20min) rest pain; pulmonary edema, most likely d/t ischemia; new or worsening MR murmur, S3 or new/worsening rales; hypotension, bradycardia, tachycardia; age >75; ECG shows ST elevation, new LBBB or sustained ventricular tachycardia; elevated Troponin or CKMB.

[X] Chest pain risk stratification	Routine, Until discontinued, Starting S Risk Stratification:
General	
Observation (Single Response) (Selection Requi	red)
() Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:
Code Status	
[] Full code	Code Status decision reached by:
[] DNR (Selection Required)	
[] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult:
[] Modified Code	Does patient have decision-making capacity? Modified Code restrictions:
[] Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you	Once, Sputum

 suspect Tuberculosis, please order this test for rapid diagnostics.

 [] Contact isolation status
 Details

 [] Droplet isolation status
 Details

 [] Enteric isolation status
 Details

Precautions

[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:

Common Present on Admission Diagnosis

[] Acidosis	Details
[] Acute Post-Hemorrhagic Anemia	Details
[] Acute Renal Failure	Details
[] Acute Respiratory Failure	Details
[] Acute Thromboembolism of Deep Veins of Lower	Details
Extremities	
[] Anemia	Details
[] Bacteremia	Details
[] Bipolar disorder, unspecified	Details
[] Cardiac Arrest	Details
[] Cardiac Dysrhythmia	Details
[] Cardiogenic Shock	Details
[] Decubitus Ulcer	Details
[] Dementia in Conditions Classified Elsewhere	Details
[] Disorder of Liver	Details
[] Electrolyte and Fluid Disorder	Details
[] Intestinal Infection due to Clostridium Difficile	Details
[] Methicillin Resistant Staphylococcus Aureus Infection	Details
[] Obstructive Chronic Bronchitis with Exacerbation	Details
[] Other Alteration of Consciousness	Details
[] Other and Unspecified Coagulation Defects	Details
[] Other Pulmonary Embolism and Infarction	Details
[] Phlebitis and Thrombophlebitis	Details
[] Protein-calorie Malnutrition	Details
[] Psychosis, unspecified psychosis type	Details
[] Schizophrenia Disorder	Details
[] Sepsis	Details
[] Septic Shock	Details
[] Septicemia	Details
[] Type II or Unspecified Type Diabetes Mellitus with	Details
Mention of Complication, Not Stated as Uncontrolled	
[] Urinary Tract Infection, Site Not Specified	Details

Nursing

Vital signs

[X] Vital signs - T/P/R/BP	Routine, Per unit protocol
[] Vital signs - T/P/R/BP	Routine, Every 2 hours
[] Vital signs - T/P/R/BP	Routine, Every 4 hours

Telemetry

[X] Telemetry	"And" Linked Panel
[X] Telemetry monitoring	Routine, Continuous
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
	Reason for telemetry: Chest pain syndrome Can be off of Telemetry for tests and baths? Yes

High H Low He High P High S Low SI High D Low D Low M High M	e, Continuous leart Rate (BPM): 120 eart Rate(BPM): 50 PVC's (per minute): 10 BP(mmHg): 175 BP(mmHg): 100 DBP(mmHg): 95 BP(mmHg): 95 BP(mmHg): 40 ean BP: 60 Mean BP: 120 PO2(%): 94
Activity	
[] Strict bed rest	Routine, Until discontinued, Starting S
[X] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
[] Bed rest with bedside commode	Routine, Until discontinued, Starting S Bathroom Privileges: with commode
[] Ambulate with assistance	Routine, 3 times daily Specify: with assistance
[] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
Nursing care	
[] Saline lock IV	Routine, Continuous
[] Remove nitroglycerin patch	Routine, Once For 1 Occurrences
[] Wipe nitroglycerin paste off upon arrival to unit.	Remove nitroglycerin patch upon arrival to unit Routine, Until discontinued, Starting S
Notify physician	Houtine, Ontil discontinued, Starting S
[X] Notify Attending Physician for elevated cardiac enzymes	Routine, Until discontinued, Starting S
Diet	
[X] NPO	Diet effective now, Starting S NPO:
	Pre-Operative fasting options:
[] NPO after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO:
	Pre-Operative fasting options:
[] Diet- Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] No caffeine	Routine, Until discontinued, Starting S Reason for "No" order:
IV Fluids	
Peripheral IV Access	
[X] Initiate and maintain IV	
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	illiale and maintain iv	
	Insert peripheral IV	Routine, Once
	sodium chloride 0.9 % flush 10 mL	10 mL, intravenous, every 12 hours scheduled
[]	sodium chloride 0.9 % flush 10 mL	10 mL, intravenous, PRN, line care

Medications

Aspirin (Single Response)

() aspirin chewable tablet	81 mg, oral, daily
	Recommended for patients not previously on aspirin.
() aspirin tablet	325 mg, oral, daily
	Recommended for patients not previously on aspirin.
nsomnia: For Patients LESS than 70 years of	old (Single Response)
() zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
Insomnia: For Patients GREATER than or EC	QUAL to 70 years old (Single Response)
Insomnia: For Patients GREATER than or EC	QUAL to 70 years old (Single Response) 8 mg, oral, nightly PRN, sleep
() ramelteon (ROZEREM) tablet	
() ramelteon (ROZEREM) tablet	
() ramelteon (ROZEREM) tablet	
() ramelteon (ROZEREM) tablet Labs Chemistry	8 mg, oral, nightly PRN, sleep
 ramelteon (ROZEREM) tablet Labs Chemistry Lipid panel 	8 mg, oral, nightly PRN, sleep AM draw For 1 Occurrences
 ramelteon (ROZEREM) tablet Labs Chemistry Lipid panel 	8 mg, oral, nightly PRN, sleep AM draw For 1 Occurrences Conditional Frequency, Starting S For 1 Occurrences
 ramelteon (ROZEREM) tablet Labs Chemistry [] Lipid panel [X] Troponin 	8 mg, oral, nightly PRN, sleep AM draw For 1 Occurrences Conditional Frequency, Starting S For 1 Occurrences Conditional x 1 for chest pain.