

Acute Myocardial Infarction (AMI)

Beta Blocker (Single Response)

()	The patient is currently on a beta blocker	Details
()		
Beta Blockers (Single Response)		
()	metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800, For 3 Doses Start 15 minutes after last IV dose if given. Hold for systolic blood pressure less than 100 millimeters of mercury and heart rate less than 60 beats per minute. HOLD parameters for this order: Contact Physician if:
()	carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800 HOLD parameters for this order: Contact Physician if:
()	The patient is not on beta blocker due to:	The patient is not on beta blocker due to:

ACE/ARB for EF <40% (Single Response)

()	The patient is currently on ACE/ARB	Details
()		
ACE/ARB Inhibitors (Single Response)		
()	enalapril (VASOTEC) tablet	2.5 mg, oral, 2 times daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
()	enalaprilat (VASOTEC) injection	0.625 mg, intravenous, every 6 hours HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
()	lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
()	ramipril (ALTACE) capsule	2.5 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
()	losartan (COZAAR) tablet	50 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
()	valsartan (DIOVAN) tablet	80 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
()	The patient is not on ACE/ARB because the EF is >40%	Details
()	The patient is not on ACE/ARB due to:	The patient is not on ACE/ARB due to:

Aspirin (Single Response)

()	The patient is currently on Aspirin	Details
()		
Aspirin (Single Response)		
()	aspirin chewable tablet	81 mg, oral, daily Recommended for patients not previously on aspirin.
()	aspirin tablet	325 mg, oral, daily with breakfast Recommended for patients not previously on aspirin.
()	The patient is not on aspirin due to:	The patient is not on aspirin due to:

Statin (Single Response)

()	The patient is currently on a statin	Details
()		
Statin (Single Response)		

<input type="checkbox"/> atorvastatin (LIPITOR) tablet	40 mg, oral, nightly
<input type="checkbox"/> simvastatin (ZOCOR) tablet	40 mg, oral, nightly
<input type="checkbox"/> The patient is not on a statin due to:	The patient is not on a statin due to:

P2Y12 Inhibitor (Clopidogrel, Prasugrel, Ticagralor, Ticlodipine) (Single Response)

<input type="checkbox"/> The patient is currently on a P2Y12 inhibitor	Details
<input type="checkbox"/> P2Y12 Inhibitors (Single Response)	
<input type="checkbox"/> prasugrel (EFFIENT) tablet	10 mg, oral, daily
<input type="checkbox"/> prasugrel (EFFIENT) consult	STAT, Once For 1 Occurrences Which drug do you need help dosing? prasugrel (EFFIENT)
<input type="checkbox"/> ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily
<input type="checkbox"/> clopidogrel (PLAVIX) tablet	75 mg, oral, daily
<input type="checkbox"/> The patient is not on a P2Y12 inhibitor due to:	The patient is not on a P2Y12 inhibitor due to:

Outpatient Cardiac Rehab- Patients in poor physical condition will have their activities modified to meet their needs and is not exclusion criteria (Single Response)

<input type="checkbox"/> The patient has been referred to Outpatient Cardiac Rehab	Details
<input type="checkbox"/> Referral to Cardiac Rehab Phase 2	Internal Referral Patient's Phone Number: I am referring my patient to outpatient Cardiac Rehabilitation for:
<input type="checkbox"/> The patient will not be referred to cardiac rehab due to:	The patient will not be referred to cardiac rehab due to:

Congestive Heart Failure (CHF)

Long Acting Beta Blocker (metoprolol XL) (Single Response)

<input type="checkbox"/> The patient is currently on a long acting beta blocker	Details
<input type="checkbox"/> Long Acting Beta Blockers (Single Response)	
<input type="checkbox"/> metoprolol succinate XL (TOPROL-XL) 24 hr tablet	25 mg, oral, daily at 0600 HOLD if systolic blood pressure is LESS THAN 90 millimeters of mercury OR if heart rate is EQUAL TO OR LESS THAN 55 beats per minute. Notify physician if medication is held. Give beta blockers with food and at least 2 hours apart from ACE Inhibitor or Angiotensin Receptor Blocker medication. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> The patient is not on a long acting beta blocker due to:	The patient is not on a long acting beta blocker due to:

ACE/ARB for EF <40% (Single Response)

<input type="checkbox"/> The patient is currently on ACE/ARB	Details
<input type="checkbox"/> ACE/ARB Inhibitors (Single Response)	
<input type="checkbox"/> enalapril (VASOTEC) tablet	2.5 mg, oral, 2 times daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> enalaprilat (VASOTEC) injection	0.625 mg, intravenous, every 6 hours HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> ramipril (ALTACE) capsule	2.5 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:

<input type="checkbox"/> losartan (COZAAR) tablet	50 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> valsartan (DIOVAN) tablet	80 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> The patient is not on ACE/ARB because the EF is >40%	Details
<input type="checkbox"/> The patient is not on ACE/ARB due to:	The patient is not on ACE/ARB due to:

Hydralazine and Isosorbide dinitrate (in addition to ACE/ARB) if patient is African American (Single Response)

<input type="checkbox"/> Patient is on Hydralazine and Isosorbide Dinitrate	Details
<input type="checkbox"/> Patient is not African American	Details
<input type="checkbox"/> hydralazine and isosorbide dinitrate (Single Response)	
<input type="checkbox"/> hydrALAZINE (APRESOLINE) tablet	37.5 mg, oral, every 8 hours scheduled HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> isosorbide dinitrate (ISORDIL) tablet	20 mg, oral, every 8 hours scheduled
<input type="checkbox"/> Patient is not on hydralazine/isosorbide due to:	Patient is not on hydralazine/isosorbide due to:

Follow up appointment made within 7 days of discharge (Single Response)

<input type="checkbox"/> Referral to Cardiac Rehab Phase 2	Internal Referral Patient's Phone Number: I am referring my patient to outpatient Cardiac Rehabilitation for:
<input type="checkbox"/> Schedule appointment	Routine, Once For 1 Occurrences Follow up within 7 days of discharge with xxx.
<input type="checkbox"/> Patient is going to post acute care	Details

Percutaneous Coronary Intervention (PCI)

Beta Blocker (Single Response)

<input type="checkbox"/> The patient is currently on a beta blocker	Details
<input type="checkbox"/> Beta Blockers (Single Response)	
<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800, For 3 Doses Start 15 minutes after last IV dose if given. Hold for systolic blood pressure less than 100 millimeters of mercury and heart rate less than 60 beats per minute. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800 HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> The patient is not on beta blocker due to:	The patient is not on beta blocker due to:

ACE/ARB for EF <40% (Single Response)

<input type="checkbox"/> The patient is currently on ACE/ARB	Details
<input type="checkbox"/> ACE/ARB Inhibitors (Single Response)	
<input type="checkbox"/> enalapril (VASOTEC) tablet	2.5 mg, oral, 2 times daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> enalaprilat (VASOTEC) injection	0.625 mg, intravenous, every 6 hours HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:

<input type="checkbox"/> ramipril (ALTACE) capsule	2.5 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> losartan (COZAAR) tablet	50 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> valsartan (DIOVAN) tablet	80 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> The patient is not on ACE/ARB because the EF is >40%	Details
<input type="checkbox"/> The patient is not on ACE/ARB due to:	The patient is not on ACE/ARB due to:

Aspirin (Single Response)

<input type="checkbox"/> The patient is currently on Aspirin	Details
<input type="checkbox"/> Aspirin (Single Response)	
<input type="checkbox"/> aspirin chewable tablet	81 mg, oral, daily Recommended for patients not previously on aspirin.
<input type="checkbox"/> aspirin tablet	325 mg, oral, daily with breakfast Recommended for patients not previously on aspirin.
<input type="checkbox"/> The patient is not on aspirin due to:	The patient is not on aspirin due to:

Statin (Single Response)

<input type="checkbox"/> The patient is currently on a statin	Details
<input type="checkbox"/> Statin (Single Response)	
<input type="checkbox"/> atorvastatin (LIPITOR) tablet	40 mg, oral, nightly
<input type="checkbox"/> simvastatin (ZOCOR) tablet	40 mg, oral, nightly
<input type="checkbox"/> The patient is not on a statin due to:	The patient is not on a statin due to:

P2Y12 Inhibitor (Clopidogrel, Prasugrel, Ticagralor, Ticlodipine) (Single Response)

<input type="checkbox"/> The patient is currently on a P2Y12 inhibitor	Details
<input type="checkbox"/> P2Y12 Inhibitors (Single Response)	
<input type="checkbox"/> prasugrel (EFFIENT) tablet	10 mg, oral, daily
<input type="checkbox"/> prasugrel (EFFIENT) consult	STAT, Once For 1 Occurrences Which drug do you need help dosing? prasugrel (EFFIENT)
<input type="checkbox"/> ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily
<input type="checkbox"/> clopidogrel (PLAVIX) tablet	75 mg, oral, daily
<input type="checkbox"/> The patient is not on a P2Y12 inhibitor due to:	The patient is not on a P2Y12 inhibitor due to:

Outpatient Cardiac Rehab- Patients in poor physical condition will have their activities modified to meet their needs and is not exclusion criteria (Single Response)

<input type="checkbox"/> The patient has been referred to Outpatient Cardiac Rehab	Details
<input type="checkbox"/> Referral to Cardiac Rehab Phase 2	Internal Referral Patient's Phone Number: I am referring my patient to outpatient Cardiac Rehabilitation for:
<input type="checkbox"/> The patient will not be referred to cardiac rehab due to:	The patient will not be referred to cardiac rehab due to:

Implantable Cardioverter-Defibrillator (ICD)

Beta Blocker (Single Response)

<input type="checkbox"/> The patient is currently on a beta blocker	Details
<input type="checkbox"/> Beta Blockers (Single Response)	

() metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800, For 3 Doses Start 15 minutes after last IV dose if given. Hold for systolic blood pressure less than 100 millimeters of mercury and heart rate less than 60 beats per minute. HOLD parameters for this order: Contact Physician if:
() carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800 HOLD parameters for this order: Contact Physician if:

() The patient is not on beta blocker due to: _____ The patient is not on beta blocker due to: _____

ACE/ARB for EF <40% (Single Response)

() The patient is currently on ACE/ARB	Details
() ACE/ARB Inhibitors (Single Response)	
() enalapril (VASOTEC) tablet	2.5 mg, oral, 2 times daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
() enalaprilat (VASOTEC) injection	0.625 mg, intravenous, every 6 hours HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
() lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
() ramipril (ALTACE) capsule	2.5 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
() losartan (COZAAR) tablet	50 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
() valsartan (DIOVAN) tablet	80 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:

() The patient is not on ACE/ARB because the EF is >40% _____ Details

() The patient is not on ACE/ARB due to: _____ The patient is not on ACE/ARB due to: _____

Aspirin (Single Response)

() The patient is currently on Aspirin	Details
() Aspirin (Single Response)	
() aspirin chewable tablet	81 mg, oral, daily Recommended for patients not previously on aspirin.
() aspirin tablet	325 mg, oral, daily with breakfast Recommended for patients not previously on aspirin.

() The patient is not on aspirin due to: _____ The patient is not on aspirin due to: _____

Coronary Artery Bypass Graft (CABG)

Beta Blocker (Single Response)

() The patient is currently on a beta blocker	Details
() Beta Blockers (Single Response)	
() metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800, For 3 Doses Start 15 minutes after last IV dose if given. Hold for systolic blood pressure less than 100 millimeters of mercury and heart rate less than 60 beats per minute. HOLD parameters for this order: Contact Physician if:

carvedilol (COREG) tablet 3.125 mg, oral, 2 times daily at 0600, 1800
HOLD parameters for this order:
Contact Physician if:

The patient is not on beta blocker due to: The patient is not on beta blocker due to:

Aspirin (Single Response)

The patient is currently on Aspirin Details

Aspirin (Single Response)

aspirin chewable tablet 81 mg, oral, daily
Recommended for patients not previously on aspirin.

aspirin tablet 325 mg, oral, daily with breakfast
Recommended for patients not previously on aspirin.

The patient is not on aspirin due to: The patient is not on aspirin due to:

Statin (Single Response)

The patient is currently on a statin Details

Statin (Single Response)

atorvastatin (LIPITOR) tablet 40 mg, oral, nightly

simvastatin (ZOCOR) tablet 40 mg, oral, nightly

The patient is not on a statin due to: The patient is not on a statin due to:

Outpatient Cardiac Rehab- Patients in poor physical condition will have their activities modified to meet their needs and is not exclusion criteria (Single Response)

The patient has been referred to Outpatient Cardiac Rehab Details

Referral to Cardiac Rehab Phase 2 Internal Referral
Patient's Phone Number:
I am referring my patient to outpatient Cardiac Rehabilitation for:

The patient will not be referred to cardiac rehab due to: The patient will not be referred to cardiac rehab due to: