

ED Arrival Time: _____ Date: _____

Referring Physician: _____ Contact #: _____

Family Disposition: _____ Contact #: _____

Allergies: _____

INCLUSION CRITERIA:	
<input type="checkbox"/> New Dynamic ST Depression >0.5 mm or Anterior TWI >2 mm occurring with Chest Pain	
<input type="checkbox"/> Positive Biomarkers	
<input type="checkbox"/> Sustained VT	
<input type="checkbox"/> Clinically unstable <input type="checkbox"/> New ischemic CHF <input type="checkbox"/> Hemodynamic instability <input type="checkbox"/> Electrical instability <input type="checkbox"/> Ongoing anginal symptoms despite therapy	
<input type="checkbox"/> Ischemia on recent stress test	
CONTACTS:	
Call 612-863-3911 to page the Cardiologist.	
Call ground dispatch to activate the transport team (air as appropriate for instability)	
➔ Call for air/ground transport: Life Link: 1-800-328-1377 North Air: 1-800-247-0229 Mayo Air Care: 1-800-237-6822	
STABILIZATION:	TIME COMPLETED:
Keep NPO	
Obtain STAT 12-lead ECG, repeat ECG in 90 minutes and as indicated.	
Place on cardiac monitor.	
Place 2 peripheral IVs, start IV normal saline TKO/saline lock.	
Titrate oxygen to obtain sat of $\geq 92\%$.	
Labs: CBC, BMP, Cardiac biomarkers, BNP, PT, PTT on admission.	
Obtain portable chest x-ray.	
MEDICATION:	TIME COMPLETED:
Aspirin: 81 mg tablets, four chewed and swallowed or 300 mg rectally.	
Clopidogrel (Plavix): 600 mg oral	
Heparin loading dose of 60 units/kg (max 4000 units IVP)	
Heparin continuous infusion at 12 units/kg/hr (max 1000 units/hr)	
Nitroglycerin PRN: per local protocol	
Beta Blocker for SBP >150 PRN per local protocol • DO NOT give Beta Blocker if any of the following: 1. signs of heart failure or shock, SBP <110 2. heart rate <60 or >110 and hypotension, shock or CHF 3. severe asthma or reactive airway disease	
Morphine sulfate: per local protocol	
Other medication:	
Consider with MHI cardiology: Type 2 diabetes mellitus, Hx of renal insufficiency.	

PLEASE FAX TO 1-888-764-8218