

STANDING ORDER APPROVAL FORM

TITLE: ED-MI ST-Elevation MI

1. **REVIEWED:**

Revisions No Revisions

a. MEDICAL STAFF REPRESENTATIVE (S)
(Chairman, Division Chief or Appropriate Committee)

Approved Approved with Changes Delete

MD Signature (Print and sign) _____
Date

b. VICE PRESIDENT, QUALITY

Approved Approved with Changes Delete

VP, Quality Signature (Print and sign) _____
Date

c. NURSING DIRECTOR

Approved Approved with Changes Delete

Nurse Signature (Print and sign) _____
Date

d. PHARMACY REPRESENTATIVE

Approved Approved with Changes Delete

Pharmacist Signature (Print and sign) _____
Date

e. CHAMPION

Approved Approved with Changes Delete

Champion Signature (Print and sign) _____
Date

2. **FINAL APPROVAL:**

PHARMACY MANAGER

Pharmacy Manager Signature _____
Date

3. **IMPLEMENTATION DATE:** _____

4. **REVIEWED BY HIM COMMITTEE:**

Health Information Management Director Signature _____
Date

**STANDING ORDERS IMPLEMENTATION PLAN
(to be completed by the Champion)**

TITLE OF STANDING ORDER:

ED-MI ST-Elevation MI_____

PERSON(S) RESPONSIBLE FOR EDUCATION:

Kaveh Ilkhanipour, M.D., FACEP_____

STAFF(S) INVOLVED:

DEM Physicians and Nurses_____

TIMELINE FOR EDUCATION:

Will review at staff meetings as soon as posted_____

DESCRIPTION OF THE EDUCATION PROCESS:

This standing order is designed be so easy and simple to use that a brief review and question and answer session lasting a few minutes should be adequate.
