

# ST-Elevation MI Orders

for use only in the Emergency Department

Draw a line through, initial and date all changes.  
If generically equivalent medication is not acceptable, then write "brand necessary."

Circles: mark one and only one.  
Squares: mark one, many or none.

# 5%

Two peripheral IVs, NS at KVO

O2 2 lpm nasal; increase as needed to keep oxygen saturation > 95%

Continuous pulse oximetry and cardiac monitor

VS Q5min x 15 min, then Q15min while in ED; and PRN

EKG

right-sided EKG

Stat portable CXR

High-Risk CCU labs; if ♀ < 50, UCG

Does EKG show inferior MI?

No  order right-sided  
Yes  EKG →

Aspirin given prehospital or taken by patient prior to arrival?

Yes

No or unknown

True aspirin allergy?

No  chewable aspirin 81 mg, 4 tabs chew and swallow

Yes or unknown

### Severe hypotension risk:

If right ventricular (RV) infarction by physician reading, then do not give any nitroglycerin (NTG).

If no RV infarction, and systolic BP > 100: give NTG i spray SL Q5' x3 prn chest pain. If pain unrelieved by SL NTG and systolic BP > 100 start NTG drip at 10 mcg/min; titrate until chest pain free or systolic BP = 100.

Does R-sided EKG show RV infarct?

No

Yes

(1-mm ^ST in V4R 70-93% sensitive, 95-100% specific)

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Resident/PA/CRNP

Print Last Name:

Date:

Time:

Sign:

ED Attending physician (required):

Print Last Name:

Date:

Time:

Sign: