



Emergency Medicine

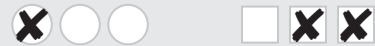
ST-Elevation MI Orders

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



Initial Data

Patient Weight (kg)

Order Start Time:

IV

Two peripheral IVs, NS at KVO Other:

Monitor

Cardiac Monitor

Continuous Pulse Oximetry

Other:

Vital Signs

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

Labs/Tests

EKG; add R-sided EKG if inferior MI

Stat portable CXR

High-Risk CCU labs

If ♀ < 50, UCG

Urine tox screen

Other Orders:

Patient on aspirin?

No
Yes or unknown Aspirin response test

Patient on clopidogrel (PLAVIX)?

No
Yes or unknown Clopidogrel response test

Resident/PA/CRNP:

Print Last Name:

Date:

Sign:

Time:

ED Attending physician (required):

Print Last Name:

Date:

Sign:

Time: