

**Acute ST Elevation Myocardial Infarction
ED Order Set & Cath Lab Transfer Report**

Patient Name Label

ED ORDER SET

Patient Information:

Height: _____ | Weight (stated): _____
Allergies: No Yes, list:

Orders:

- EKG – 12 lead, STAT
- Cardiac monitor
- Nasal O2, maintain sat >90%

Labs: (Time drawn: _____)

- | | | | | |
|----------------------------------|---------------------------------------|-------------------------------------|--|--------------------------|
| <input type="checkbox"/> CBC | <input type="checkbox"/> Electrolytes | <input type="checkbox"/> Creatinine | <input type="checkbox"/> Metabolic Panel | <input type="checkbox"/> |
| <input type="checkbox"/> PTT/PTT | <input type="checkbox"/> Troponin | <input type="checkbox"/> CK / CKMB | <input type="checkbox"/> Magnesium | <input type="checkbox"/> |

IV Fluids:

- IV 1: #18 gauge peripheral IV 0.9% Sodium Chloride 1000 mL @ 100 mL/hr
- IV 2: #18 gauge Hep lock

STAT Medications:

Initials Time given

- Aspirin 325 mg PO STAT (OR, patient already given 162 mg aspirin in prior 2hrs)
- Nitroglycerin 0.4 mg Sublingually q 5mins PRN chest pain
- Morphine Sulfate 2-4 mg IV push now, repeat q15 minutes PRN chest pain
- Heparin bolus 60 units/kg IV push now (max dose 4000 units)

NOTE: No low molecular weight heparin!

- Heparin infusion per hospital protocol (*HOLD or discontinue for patients being transferred*)
- IV Nitroglycerin 200 mcg/mL (50 mg/250 mL), periph line #1, titrate to SBP >90 and pain controlled. (*Consider nitroglycerin paste if IV nitroglycerin likely to delay transport*)
- Clopidogrel (Plavix) 300 mg PO STAT
- Diphenhydramine (Benadryl) 50 mg one PO NOW
- Lytic agent:
- Consider metoprolol 5 mg IV push q 5 minutes, X 3 doses, as tolerated (hold for pulse <60 or SBP<100)
-

ED Physician Signature / Print Name: _____

Tel. (for cardiologist call): _____

CATH LAB TRANSFER REPORT

Evaluation:

- Patient evaluated, NOT appropriate for PCI
- Patient being transferred for PCI: Primary Lytic + PCI Rescue

Nursing:

- EMTALA transfer form completed
- Patient/family AMI/PCI info sheet given Family en route
- Patient voided before transport. Time: _____ OR, Patient did NOT void
- Time permitting, prepare patient for Cath Lab:
 - Clothing removed
 - Plastic snap Johnny
 - Portable O2 and monitor applied, per protocol
 - Personal belongings bagged and labeled, sent with patient

NOTE: If patient is transferred before labs available, please *fax lab reports* when available to MMC CICU, fax (207) 871.6385

****ED NURSING & EMS PERSONNEL: Keep this report with patient in RAPID TRANSPORT FOLDER****

MMC CATH LAB DATA

Cath lab arrival time: _____

First Balloon Inflation Time: _____

MMC Cardiologist: Please call referring ED Physician with follow-up report!

MMC Cath Lab Staff: Please return this to MMC Cath Lab Secretary