



- RUH SCH SPH
 OTHER: _____

Cardiosciences Admission Order Set	ACTION			
	MAR	ICP	REQ	RN
Ensure Medication Reconciliation Form has been reviewed				
Admit to: _____ MRP				
Diagnosis: _____				
Precautions: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Other - Reason: _____				
Care Directives				
<input checked="" type="checkbox"/> Complete Resuscitation Care Plan Order (form # 102527)				
<input type="checkbox"/> Patient/ Family decision pending <input type="checkbox"/> Advance Care Directive (on the health record)				
Consults				
<input checked="" type="checkbox"/> Fax page 1 and 2 of Patient Profile to LiveWell Cardiac Rehab Program				
<input type="checkbox"/> Other: _____ Reason: _____				
Diet				
<input type="checkbox"/> NPO <input type="checkbox"/> Regular <input type="checkbox"/> Heart Healthy <input type="checkbox"/> 2 g Na restricted <input type="checkbox"/> Diabetic _____ kcal				
<input type="checkbox"/> Other: _____				
Activity				
<input type="checkbox"/> Other: _____				
Vitals/Monitoring				
Vitals				
<input type="checkbox"/> Weigh daily <input checked="" type="checkbox"/> For CHF patients, daily weight in am prior to breakfast				
<input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> Routine <input type="checkbox"/> q _____ h and PRN				
Monitoring				
<input type="checkbox"/> Intake and Output q _____ h				
<input type="checkbox"/> Cardiac Monitoring				
<input type="checkbox"/> Telemetry may be interrupted for off-unit diagnostic tests and/or procedures				
Lab Investigations				
Lab Investigations on admission (if not already done in ER)				
<input type="checkbox"/> CBC <input type="checkbox"/> APTT <input type="checkbox"/> INR				
<input type="checkbox"/> Na, K, Cl, Creatinine, BUN, Bicarb (lytes 6)				
<input type="checkbox"/> Ca, Mg <input type="checkbox"/> HDL, LDL, Total Cholesterol, Triglycerides				
<input type="checkbox"/> High sensitivity Troponin <input type="checkbox"/> CPK q8h x 3 <input type="checkbox"/> Digoxin level				
<input type="checkbox"/> ALT, ALP, Bili <input type="checkbox"/> AST				
<input type="checkbox"/> HgbA1C				
Additional Labs: _____				
Additional Lab Investigations				
<input type="checkbox"/> CBC daily x 3				
<input type="checkbox"/> Na, K, Cl, Creatinine, BUN, Bicarb (lytes 6) daily x 3				
<input checked="" type="checkbox"/> APTT and INR daily for patients on warfarin or IV heparin				
_____ PRACTITIONER PRINTED NAME _____ PRACTITIONER SIGNATURE _____ DATE/TIME				

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<input type="checkbox"/> Other: _____					
Activity					
<input type="checkbox"/> Other: _____					
Vitals/Monitoring					
Vitals					
<input type="checkbox"/> Weigh daily <input checked="" type="checkbox"/> For CHF patients, daily weight in am prior to breakfast					
<input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> Routine <input type="checkbox"/> q _____ h and PRN					
Monitoring					
<input type="checkbox"/> Intake and Output q _____ h					
<input type="checkbox"/> Cardiac Monitoring					
<input type="checkbox"/> Telemetry may be interrupted for off-unit diagnostic tests and/or procedures					
Lab Investigations					
Lab Investigations on admission (if not already done in ER)					
<input type="checkbox"/> CBC <input type="checkbox"/> APTT <input type="checkbox"/> INR					
<input type="checkbox"/> Na, K, Cl, Creatinine, BUN, Bicarb (lytes 6)					
<input type="checkbox"/> Ca, Mg <input type="checkbox"/> HDL, LDL, Total Cholesterol, Triglycerides					
<input type="checkbox"/> High sensitivity Troponin <input type="checkbox"/> CPK q8h x 3 <input type="checkbox"/> Digoxin level					
<input type="checkbox"/> ALT, ALP, Bili <input type="checkbox"/> AST					
<input type="checkbox"/> TSH <input type="checkbox"/> HgbA1C <input type="checkbox"/> NT-proBNP					
Additional Labs: _____					
Additional Lab Investigations					
<input type="checkbox"/> CBC daily x 3					
<input type="checkbox"/> Na, K, Cl, Creatinine, BUN, Bicarb (lytes 6) daily x 3					
<input checked="" type="checkbox"/> APTT and INR daily for patients on warfarin or IV heparin					
PRACTITIONER PRINTED NAME _____		PRACTITIONER SIGNATURE _____		DATE/TIME _____	

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Cardiosciences Admission Order Set	ACTION			
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Additional Lab Investigations continued?.. <input type="checkbox"/> Blood C + S x 2 if T greater than/equal to 38.5°C Follow-up Labs: _____				
Diagnostics Investigations on admission (if not already done in ER) <input type="checkbox"/> CXR -Reason: _____ Cardiac <input type="checkbox"/> Stress test -Reason: _____ <input type="checkbox"/> 2D Echo -Reason: _____ <input type="checkbox"/> Cardiac Catheterization: Reason _____ <input type="checkbox"/> MIBI Scan -Reason: _____ <input type="checkbox"/> Other -Reason: _____				
Additional Investigations <input checked="" type="checkbox"/> ECG STAT with symptoms suggestive of ischemia and notify MD <input type="checkbox"/> ECG daily x 3 days				
Antiplatelets <input type="checkbox"/> EC acetylsalicylic acid 81 mg PO daily <input type="checkbox"/> clopidogrel 300 mg PO now THEN <input type="checkbox"/> clopidogrel 75 mg PO daily OR <input type="checkbox"/> ticagrelor 180 mg PO now THEN <input type="checkbox"/> ticagrelor 90 mg PO BID <input type="checkbox"/> Other: _____				
Anticoagulation (Choose only one) <input checked="" type="checkbox"/> If Creatinine Clearance less than 30 mL/minute or on dialysis, use heparin - see Appendix A on reverse <input type="checkbox"/> heparin as per CARDIOVASCULAR indications, LOW INTENSITY HEPARIN NOMOGRAM (form #100749) OR <input type="checkbox"/> enoxaparin (1 mg/kg) _____ mg Subcutaneous BID OR <input type="checkbox"/> fondaparinux 2.5 mg subcutaneous daily. Time first dose administered: _____ h				
VTE Prophylaxis <input checked="" type="checkbox"/> Complete the Venous Thromboembolism Prophylaxis Orders Set (form #103621)				
Beta Blocker <input type="checkbox"/> _____				
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SASKATOON HEALTH REGION
 Saskatoon, Saskatchewan

RUH SCH SPH Other_____

Cardiosciences Admission Order Set			ACTION				
			MAR	ICP	REQ	RN	
<p>ACE Inhibitor / ARB <input type="checkbox"/> _____</p>							
<p>Cholesterol Lowering Agent <input type="checkbox"/> _____</p>							
<p>Glycemic Management <input type="checkbox"/> Insulin as per signed Subcutaneous Insulin Order Set (form #103605 OR #103606) <input type="checkbox"/> Bedside Glucose Monitoring (BGM) <input type="checkbox"/> daily <input type="checkbox"/> BID <input type="checkbox"/> QID</p>							
<p>Bowel Management <input type="checkbox"/> docusate sodium 100 mg PO BID PRN <input type="checkbox"/> Other: _____</p>							
<p>Cardiac Medications <input type="checkbox"/> nitroglycerin infusion _____ micrograms/minute Titrate to pain or Systolic BP greater than _____ mmHg <input type="checkbox"/> nitroglycerin transdermal patch _____ mg apply daily for 12 hours: On at _____ h <input type="checkbox"/> nitroglycerin 0.4 mg spray SL q5minutes x 3 PRN</p>							
<p>Nicotine Replacement <input type="checkbox"/> Nicotine Replacement Therapy as per signed orders (form #102844)</p>							
<p>Pain/Fever and Nausea Management ***max acetaminophen from all sources 4,000 mg per 24 hours*** Pain/Fever <input type="checkbox"/> acetaminophen 325 – 650 mg PO q4h PRN <input type="checkbox"/> Other: _____ Nausea <input type="checkbox"/> dimenhydrinate 12.5 – 50 mg PO/IV q4h PRN (start with a lower dose if elderly/frail) <input type="checkbox"/> ondansetron 4 mg IV q6h PRN <input type="checkbox"/> Other: _____</p>							
<p>Sedation <input type="checkbox"/> No sedation <input type="checkbox"/> zopiclone 3.75 – 7.5 mg PO nightly PRN (Start with lower dose if elderly/frail) <input type="checkbox"/> Other: _____</p>							
<p>Additional Orders _____ _____</p>							
<p>_____</p>							
<p>_____</p>							
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