



PATIENT IDENTIFICATION

- 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							
<table style="width:100%; border: none;"> <tr> <td style="border: none; width: 33%;">PRACTITIONER PRINTED NAME _____</td> <td style="border: none; width: 33%;">PRACTITIONER SIGNATURE _____</td> <td style="border: none; width: 33%;">DATE/TIME _____</td> </tr> </table>					PRACTITIONER PRINTED NAME _____	PRACTITIONER SIGNATURE _____	DATE/TIME _____
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Notice of confidentiality: Contains information that is time sensitive or confidential. Use, disclosure, copying or communication of the contents is prohibited. If you have received in error, notify the SHR Pharmacy Manager, Operations (306-655-6695).



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other _____

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<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				
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<p>Additional Lab Investigations continued?.. <input type="checkbox"/> Blood C + S x 2 if T greater than/equal to 38.5°C Follow-up Labs: _____</p> <p>Diagnostics Investigations on admission (if not already done in ER) <input type="checkbox"/> CXR –Reason: _____</p> <p>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: _____</p> <p>Additional Investigations <input checked="" type="checkbox"/> ECG STAT with symptoms suggestive of ischemia and notify MD <input type="checkbox"/> ECG daily x 3 days</p> <p>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: _____</p> <p>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</p> <p>VTE Prophylaxis <input checked="" type="checkbox"/> Complete the Venous Thromboembolism Prophylaxis Orders Set (form #103621)</p> <p>Beta Blocker <input type="checkbox"/> _____</p>				
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<p>ACE Inhibitor / ARB</p> <p><input type="checkbox"/> _____</p>				
<p>Cholesterol Lowering Agent</p> <p><input type="checkbox"/> _____</p>				
<p>Glycemic Management</p> <p><input type="checkbox"/> Insulin as per signed Subcutaneous Insulin Order Set (form #103605 OR #103606)</p> <p><input type="checkbox"/> Bedside Glucose Monitoring (BGM) <input type="checkbox"/> daily <input type="checkbox"/> BID <input checked="" type="checkbox"/> QID</p>				
<p>Bowel Management</p> <p><input type="checkbox"/> docusate sodium 100 mg PO BID PRN</p> <p><input type="checkbox"/> Other: _____</p>				
<p>Cardiac Medications</p> <p><input type="checkbox"/> nitroglycerin infusion _____ micrograms/minute Titrate to pain or Systolic BP greater than _____ mmHg</p> <p><input type="checkbox"/> nitroglycerin transdermal patch _____ mg apply daily for 12 hours On at _____ h</p> <p><input type="checkbox"/> nitroglycerin 0.4 mg spray SL q5minutes x 3 PRN</p>				
<p>Nicotine Replacement</p> <p><input type="checkbox"/> Nicotine Replacement Therapy as per signed orders (form #102844)</p>				
<p>Pain/Fever and Nausea Management</p> <p style="text-align: center;">***max acetaminophen from all sources 4,000 mg per 24 hours***</p> <p>Pain/Fever</p> <p><input type="checkbox"/> acetaminophen 325 – 650 mg PO q4h PRN</p> <p><input type="checkbox"/> Other: _____</p> <p>Nausea</p> <p><input type="checkbox"/> dimenhydrinate 12.5 – 50 mg PO/IV q4h PRN (start with a lower dose if elderly/frail)</p> <p><input type="checkbox"/> ondansetron 4 mg IV q6h PRN</p> <p><input type="checkbox"/> Other: _____</p>				
<p>Sedation</p> <p><input type="checkbox"/> No sedation</p> <p><input type="checkbox"/> zopiclone 3.75 – 7.5 mg PO nightly PRN (Start with lower dose if elderly/frail)</p> <p><input type="checkbox"/> Other: _____</p>				
<p>Additional Orders</p> <p>_____</p>				
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