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# PHYSICIAN'S ORDER SHEET

***ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT  
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET  
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.***

Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	<b>ACUTE M.I. - Clinical Pathway: Day 1</b>	PAGE 1 of 1
		ADMIT TO (UNIT):	ATTENDING:
		CARDIOLOGIST:	
		TEACHING: IF YES, TEAM:	SR. RESIDENT:
		DIAGNOSIS:	
		ALLERGIES:	
		VITAL SIGNS PER UNIT PROTOCOL OR:	
		CARDIAC MONITORING:	DAILY WEIGHTS:
		ACTIVITY: Day 1: Bedrest - Advance as tolerated	
		Diet: Clear Liquids, advance as tolerated to 2 GM Na, low cholesterol, high fiber or, Fluid Restriction: _____	
		I & O:	
		Labs: CPK with MB ISO STAT and CK4, CK8. Start in ER If not done in ER: CBC, PT/PTT, CCP, CHP1 Day 2: PT/PTT Day 3: PT/PTT	
		Port CXR, if not done in ER	
		12 lead EKG STAT if not done in ER. Daily in AM x 3 days. STAT PRN chest pain.	
		Echocardiogram to evaluate LV function to be read by _____	
		Saline Lock with NS flush 2 ml IV q 12 hour or IVF _____	
		MEDICATION OPTIONS:	
		tpa Protocol (Acute MI) (See separate order sheet)	
		Heparin IV Protocol (See separate order sheet) -OR- Heparin _____ units IV Bolus and start drip of Heparin _____ units in _____ ml NS or D5W at rate of _____ units / hr.	
		Heparin 5,000 units SQ q 12 hours	
		Intake and Output	
		Nitroglycerin IV. Start at 10 mcg/min and titrate to chest pain free. Call H.O. for chest pain unrelieved by 100 mcg/min. Hold for systolic BP 90.	
		Nitropaste _____ inch topically q 6 hours. Hold 12 mn to 6 am.	
		Enteric Coated ASA 325 mg p.o. daily	
		Colace 100 mg p.o. q HS	
		PAIN MANAGEMENT: _____	
		NITROGLYCERIN: _____	
		ASPIRIN: _____	
		STATIN: _____	
		BETA BLOCKER: _____	
		DIURETIC: _____	
		ANTICOAGULANT: _____	
		ANTIPLATELET: _____	
		OTHER: _____	
		NUTRITION: _____	
		PHYSICIAN'S ORDER: _____	
		NURSE'S ORDER: _____	
		PHARMACY ORDER: _____	
		LABS ORDER: _____	
		RADIOLOGY ORDER: _____	
		OTHER ORDER: _____	
		SIGNATURE: _____	
		DATE: _____	
		FAXED BY/TIME: _____	
		TIME NOTED: _____	
		Doctor's Signature _____, MD Date _____	
		Nurse's Signature / Title _____ Date _____	

PATIENT IDENTIFICATION

Military Time > >

USE BALL POINT PEN ONLY - PRESS FIRMLY

**PART OF THE MEDICAL RECORD**