ACUTE M.I. - Clinical Pathway: Day 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: 
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. 
Nitrapaste ________ 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 

Use Ball Point Pen Only - Press Firmly 

Doctor’s Signature ________________________________, MD Date __________ 
Nurse’s Signature / Title __________________________________________ Date __________ 

Military Time > > 

Part of the Medical Record