



**Facility:**

- St. Martha's Regional     St. Mary's Memorial  
 Eastern Memorial         Strait Richmond  
 Guysborough Memorial

Patient ID Sticker

Patient: \_\_\_\_\_

**PREPRINTED ORDER  
NSTEMI-UNSTABLE ANGINA  
INITIAL ORDERS**

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm Code \_\_\_\_\_

Allergies: \_\_\_\_\_  No Known Allergies

Arrival Time: \_\_\_\_ : \_\_\_\_ hrs

Onset of pain: \_\_\_\_ : \_\_\_\_ hrs

Estimated Creatinine Clearance: \_\_\_\_\_ mL/min (See Page 3)

<input checked="" type="checkbox"/> ECG STAT then q1h X 2	Initial ECG at: ____ : ____ hrs (should be less than 10 min from arrival)
<input checked="" type="checkbox"/> ECG with pain PRN	
<input type="checkbox"/> ASA 160 mg PO STAT to chew	ASA given at: ____ : ____ hrs (or taken prior to arrival at ____ : ____ hrs)
<input checked="" type="checkbox"/> Oxygen by nasal prongs at 2-4 L/min	Other: _____
<input checked="" type="checkbox"/> Cardiac Monitor and Vital Signs: Stat at baseline, then q30min to q1h, as indicated	
<input checked="" type="checkbox"/> IV Access x 2, saline lock or normal saline TKVO	Other: _____
<input checked="" type="checkbox"/> Cardiac Blood Set (CBC, Electrolytes, Creat, Urea, Glucose, PTT, PT/INR, Troponin, CK, LDH) Other: _____	
<input type="checkbox"/> Portable Chest X-Ray	<input type="checkbox"/> CXR PA & LAT    Other: _____
<input type="checkbox"/> clopidogrel 300 mg PO STAT x 1 (if contraindication to ASA and/or if definite NSTEMI with ASA)	
Nitrates: <input type="checkbox"/> nitroGLYcerin spray 0.4 mg S/L q5min X 3 PRN <input type="checkbox"/> nitroGLYcerin IV infusion (50 mg in 250 mL N/S); start @ 10mcg/min and titrate to pain relief	
Pain Medication: <input type="checkbox"/> morphine 2-4 mg IV or subcut q 30 min prn <input type="checkbox"/> fentanyl 50-100 mcg IV q 30 min prn	
$\beta$ -blockers: <input type="checkbox"/> metoprolol 5 mg slow IV q5min up to max.15 mg (if heart rate greater than 100 and SBP greater than 110 and no heart failure)	

**ANTICOAGULATION (ASSESS CONTRAINDICATIONS TO FONDAPARINUX AND CHOOSE ONE OPTION BELOW)**

**Contraindications to fondaparinux:**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Estimated Creatinine Clearance less than 30 ml/min (see calculation on page 3)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient with mechanical heart valves   |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient with contraindications to systemic anticoagulation therapy (i.e. HIT)                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient with very high risk features, mandating urgent cardiac cath (within 12 hrs), PCI or CABG |

For patients with NO contraindications to fondaparinux:

- fondaparinux 2.5 mg Subcut stat

For patients with ANY contraindication to fondaparinux:

- Unfractionated Heparin IV as per Cardiac Heparin Infusion Protocol in TNK policy 1-450

Prescriber Signature \_\_\_\_\_

Date (yyyy/mm/dd) \_\_\_\_\_

Time (24hr/hh:mm) \_\_\_\_\_



**Facility:**

- St. Martha's Regional     St. Mary's Memorial  
 Eastern Memorial         Strait Richmond  
 Guysborough Memorial

Patient ID Sticker

Patient: \_\_\_\_\_

**PREPRINTED ORDER  
NSTEMI-UNSTABLE ANGINA  
FOLLOW-UP ORDERS**

Allergies:

No Known Allergies

<b>Admit:</b> <input type="checkbox"/> ICU <input type="checkbox"/> PCU Telemetry    Other: _____		<b>Admit under:</b>	
<b>Family Doctor:</b>		Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please Notify	
<b>Code Status:</b> <input type="checkbox"/> Full code <input type="checkbox"/> No code <input type="checkbox"/> Treat symptomatic arrhythmias as per ACLS protocol <input type="checkbox"/> No chest compressions <input type="checkbox"/> No intubation/ventilation			
<input checked="" type="checkbox"/> <b>Heart Healthy Diet</b> <input type="checkbox"/> <b>Diabetic Diet</b> _____ kcal/day        Other: _____			
<input checked="" type="checkbox"/> <b>Oxygen PRN</b> Other: _____			
<input checked="" type="checkbox"/> <b>Activity as per cardiac protocol</b>			
<b>Follow up ECG:</b> <input checked="" type="checkbox"/> ECG with chest pain <input checked="" type="checkbox"/> ECG at 6 hrs and daily for 3 days			
<b>Follow up investigations:</b> <input checked="" type="checkbox"/> Troponin/CK q8h x 2, then daily for 3 days <input checked="" type="checkbox"/> CBC, Cr, lytes on day 1 & 2 <input checked="" type="checkbox"/> Daily CBC while on fondaparinux or Heparin <input checked="" type="checkbox"/> Fasting lipids & glucose on day 1 <input checked="" type="checkbox"/> Blood sugars AC meals and HS for 48 hours then reassess			
<b>MEDICATIONS:</b>		<i>If not ordered, please chart why:</i>	
<input type="checkbox"/> ECASA 81 mg PO daily			
<input type="checkbox"/> clopidogrel 75 mg PO daily			
<input type="checkbox"/> <b>Beta-Blocker:</b>			
<input type="checkbox"/> <b>ACE Inhibitor / ARB:</b>			
<input type="checkbox"/> <b>Statin:</b>			
<b>Nitrates (Hold if SBP less than 90 mm Hg):</b> <input type="checkbox"/> nitroGLYcerin spray 0.4 mg S/L q5min x 3 PRN for chest pain <input type="checkbox"/> IV nitroGLYcerin (50 mg in 250 mL normal saline); start at 10mcg/min and titrate to chest pain relief <input type="checkbox"/> nitropatch _____ mg daily , on at _____ hr, off at _____ hr			
<b>GI Meds:</b> <input type="checkbox"/> pantoprazole 40 mg PO daily		<input type="checkbox"/> ranitidine 150 mg PO BID	
<b>Pain meds:</b> <input type="checkbox"/> morphine 2.5 mg IV q5min PRN (max.15mg/event)		<input type="checkbox"/> acetaminophen 650mg PO q4h PRN	
<b>Bowel care:</b> <input type="checkbox"/> Magnolax 30 mL PO hs PRN		<input type="checkbox"/> docusate sodium 100 mg PO hs PRN	
<b>Nausea:</b> <input type="checkbox"/> dimenHYDRINATE 25 mg IV q4h PRN		<input type="checkbox"/> dimenHYDRINATE 50 mg PO q4h PRN	
<input type="checkbox"/> metoclopramide 10 mg IV q4h PRN		<input type="checkbox"/> metoclopramide 10 mg PO q4h PRN	
<b>Sedation:</b> <input type="checkbox"/> oxazepam 15mg PO TID PRN & 15-30mg PO hs PRN		<input type="checkbox"/> lorazepam 1mg PO TID PRN & 1-2mg PO hs PRN	
<b>CONTINUATION OF ANTICOAGULATION (Assess for contraindications to Fondaparinux on page 1)</b>			
<input type="checkbox"/> <b>Continue fondaparinux</b> 2.5 mg SC daily (Minimum 48 hrs, then reassess; maximum 8 days)			
<input type="checkbox"/> <b>Continue Unfractionated Heparin</b> IV as per Cardiac Heparin Infusion Protocol			
<b>REFERRALS</b>			
<input checked="" type="checkbox"/> Heart Health Clinic (fax: 867-4705)		<input checked="" type="checkbox"/> Physiotherapy	
<input checked="" type="checkbox"/> Dietitian			
<input type="checkbox"/> Pharmacy (fax: 867-4434)		<input type="checkbox"/> Diabetic Education Centre	
<input type="checkbox"/> Social Services			
<input type="checkbox"/> Community Cardiovascular Hearts in Motion		<input type="checkbox"/> Smoking cessation	
<b>Cardiac Cath / Revascularization risk assessment:</b> <input type="checkbox"/> HIGH <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> LOW <i>See details on the next page</i>			

Prescriber Signature

Date (yyyy/mm/dd)

Time (24hr/hh:mm)



**Facility:**

- St. Martha's Regional     St. Mary's Memorial  
 Eastern Memorial         Strait Richmond  
 Guysborough Memorial

Patient ID Sticker

Patient: \_\_\_\_\_

**PREPRINTED ORDER  
NSTEMI-UNSTABLE ANGINA  
INFORMATION PAGE**

Estimating Creatinine Clearance (mL/min):	
<b>Males:</b>	$\frac{(140 - \text{age}) \times (\text{IBW kg}) \times 60}{(\text{Serum Cr } \mu\text{mol/L}) \times 50} = \text{_____ mL/min}$
<b>Females:</b>	$\frac{(140 - \text{age}) \times (\text{IBW kg}) \times 60}{(\text{Serum Cr } \mu\text{mol/L}) \times 50} \times 0.85 = \text{_____ mL/min}$

Estimating Ideal Body Weight (IBW; kg): <i>If actual body weight is &lt; IBW, use actual body weight</i>	
<b>Males:</b>	$0.9 \times (\text{Height [cm]} - 150) + 50$ <b>OR</b> $50 \text{ kg} + 2.3 \text{ kg for each inch over 5 feet}$ =    _____ kg
<b>Females:</b>	$0.9 \times (\text{Height [cm]} - 150) + 45$ <b>OR</b> $45.5 \text{ kg} + 2.3 \text{ kg for each inch over 5 feet}$ =    _____ kg

**NSTEMI / UNSTABLE ANGINA CARDIAC CATHETERIZATION AND REVASCULATION  
RISK STRATIFICATION GUIDELINES**

**HIGH RISK**

*Cath ± PCI within 24-48 hours; CABG within 3-5 days*

Hypotension\* or definite evidence of heart failure

Recurrent ventricular arrhythmias

Transient ST elevation

New ST depression ≥ 2 mm in ≥ 3 leads

Recurrent or refractory ischemia despite initial therapy\*\*

TIMI risk score 5-7

\* with other supportive evidence of ischemia

\*\*definite new or dynamic ST changes required to justify urgent status in patients with unstable angina (normal troponin level)

**INTERMEDIATE RISK**

*Cath ± PCI within 3-5 days; CABG within 2-3 weeks*

NSTEMI without high-risk features, but known LV ejection fraction < 40%

TIMI risk score 3-4

**LOW RISK**

*Cath ± PCI within 5-7 days; CABG within 5-7 weeks*

NSTEMI with no high or intermediate risk features\*

Suspected unstable angina with recurrent symptoms but no ECG changes

Unstable angina with easily inducible (<3 METs) or widespread ischemia on

non-invasive testing or some other marker of increased risk\*\*

TIMI risk score 1-2\*\*\*

\* low-risk NSTEMI patients can have invasive assessment deferred to an early outpatient setting (<2 weeks) provided that non-invasive testing does not indicate easily inducible (<3 METs) or widespread ischemia or some other marker of increased risk

\*\*e.g. hypotensive response, sustained ST depression, exercise induced VT, large territory of

reversible ischemia, multiple perfusion defects, low LV ejection fraction < 40%

\*\*\*low-risk unstable angina patients with a TIMI risk score of 1-2 need not necessarily undergo early invasive assessment if non-invasive testing rules out easily inducible or widespread ischemia