Mandatory  Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.

**DIAGNOSIS:**

**General:**
- Transfer to Short Stay Diagnostic and Treatment Unit (SSDTU)
- Discontinue all previous orders
- Ensure printed Pharmanet in the chart (last 6 months)

**Inclusion Criteria:**
- Less than 10 hours since registered into Emergency Department
- Expected hospital length of stay less than 24 hours

**Exclusion Criteria:**
- Cardiac arrhythmia or syncope
- CHF
- Altered mental status
- Abnormal vital signs (HR greater than 110; systolic BP less than 90)
- History consistent with unstable angina and/or troponin greater than 0.06 mcg/L
- New ECG changes
- Persistent chest pain
- Pediatrics: less than 17 years; Obstetrics: greater than 20 weeks

**INTERVENTIONS**

**Code Status:**
- Full code  DNR (ensure Medical Scope of Treatment Orders (MOST) are completed and located on chart)

**Medications:**

- **Pain**
  - ASA 320 mg PO STAT (if not already given)
  - ACETAMINOPHEN 500 to 1000 mg PO Q4H PRN. (Maximum 4000 mg/day)
  - HYDROMorphone ________ mg PO Q_______ H PRN
  - HYDROMorphone________ mg SUBCUTANEOUS / IV Q_______ H PRN
  - IBUPROFEN _________ mg PO Q_______ H PRN
  - KETOROLAC 30 mg IV Q8H PRN
  - MORphine _________ mg PO Q_______ H PRN
  - MORphine__________ mg SUBCUTANEOUS/IV Q_______ H PRN

- **Nausea**
  - dimenhyDRINATE 25 to 50 mg PO/IV Q6H PRN

- **Insomnia**
  - OXAZEPAM 15 mg PO QHS PRN. May repeat after 1 hour once only.
  - ZOPICLONE 3.75 to 7.5 mg PO QHS PRN

- Smoking - nicotine replacement order set (MRP to sign)

Other medications: (use new blank order form if additional spaced needed)
Consults:
☐ Geriatric RN  ☐ Social Worker  ☐ Home Health Liaison RN  ☐ Physiotherapy  ☐ Other:

Vitals:
• Routine (Q4H) or ________ H  ☐ Maintain O₂ Sat greater than 92%  ☐ Other:

Diet:
☐ DAT  ☐ NPO  ☐ Clear fluid (progress as tolerated)  ☐ Other:

IV Orders:
☐ Saline lock  ☐ Sodium Chloride 0.9% at ________ mL/hr  ☐ Other:
☐ Add KCl ________ mmol/L

Activity:
☐ AAT  ☐ Bedrest  ☐ Up with assistance  ☐ Other:

Repeat Lab/Diagnostics at ________ hrs today / tomorrow (circle one)
☐ CBC  ☐ CP4 (Na/K/Cl/HCO₃)  ☐ CRE/UREA  ☐ GLU  ☐ LFT  ☐ LIPASE  ☐ INR  ☐ UA  ☐ ECG  ☐ Other:
• Repeat Troponin Q6H x 2  • Repeat ECG Q6H x 2

Imaging:
☐ CXR  ☐ Other:

Other orders:

Date (dd/mm/yyyy)  Time  Prescriber Signature  Printed Name or College ID#
Transfer out of SSDTU to the care of:
• Most Responsible Physician (MRP) to review and rewrite all orders

DISPOSITION

Final Diagnosis: ________________________________

☐ Transfer out of SSDTU to the care of: ________________________________
  • Most Responsible Physician (MRP) to review and rewrite all orders

☐ Discharge from SSDTU

  Discharge criteria:
  • No recurrence of chest pain
  • Stress test completed or organized as outpatient

  Discharge Instructions:
  • Print FHA patient discharge instructions
  ☐ Copy of ER and SSDTU chart to go with patient
  ☐ Follow up with primary care physician in _______ days / weeks (circle one)

Discharge Medications:

Date (dd/mm/yyyy)  Time  Prescriber Signature  Printed Name or College ID#