



Regional Pre-Printed Orders for - CHEST PAIN EMERGENCY SHORT STAY DIAGNOSTIC and TREATMENT UNIT Section 1 of 2: Upon Admission to SSDTU



DRDO105106A

New: Sept. 24/12

Page: 1 of 2

DRUG & FOOD ALLERGIES

- 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 Pharamnet 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
- METOCLOPRAMIDE** 10 mg PO/IV Q6H PRN
- ONDansetron** 4 to 8 mg PO/IV Q8H 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)

Empty box for additional notes or signatures.

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



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DRUG & FOOD ALLERGIES

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

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#
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Regional Pre-Printed Orders for - CHEST PAIN EMERGENCY SHORT STAY DIAGNOSTIC and TREATMENT UNIT Section 2 of 2: SSDTU Disposition



DRDO105106A

New: Sept. 24/12

Page: 1 of 1

DRUG & FOOD ALLERGIES

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

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#
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