



Unstable Angina/Non-STEMI Pathway

Time	B/P	P	R	O ₂	Pain	Action Taken	Init
						Time of ES arrival : _____ Pain on arrival /10	
						Time of chest pain onset : _____ Pain at onset /10 CP greater than 12hr <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Hx:	
						ALLERGIES:	
						STAT EKG: given to physician @: _____ If no physician present ST Elevation <input type="checkbox"/> Y <input type="checkbox"/> N Faxed to ER (402) 644-7503 @ _____ LBBB <input type="checkbox"/> Y <input type="checkbox"/> N	
						Subsequent EKG times: _____ ST Elevation <input type="checkbox"/> Y <input type="checkbox"/> N	
						Subsequent EKG times: _____ ST Elevation <input type="checkbox"/> Y <input type="checkbox"/> N	
						Subsequent EKG times: _____ ST Elevation <input type="checkbox"/> Y <input type="checkbox"/> N	
						O ₂ _____ Liters by <input type="checkbox"/> N/C <input type="checkbox"/> Mask	
						<input type="checkbox"/> Rescue stand-by <input type="checkbox"/> LifeNet notified	
						Cardiac Monitor _____ <i>Rhythm</i>	
						Lab: (PT / PTT, CBC, CMP, D-dimer, CK-MB, Troponin,)	
INCLUSION CRITERIA:							
Anginal history and positive enzymes (abnormal troponin or CPK-MB assay) or active EKG including one of the following:							
<ul style="list-style-type: none"> • ST depression (at least 1mm) in two leads • ST elevation (1mm or less) in two leads • T-wave inversion of 3mm or more in three or more limb leads of four or more precordial leads excluding lead V1 							
						<input type="checkbox"/> Oxygen @ 2L/min to maintain SaO ₂ greater than 90%	
						<input type="checkbox"/> IV ___ ga ___ site 0.9% NaCl @ _____ mL/hr	
						<input type="checkbox"/> Baby ASA 81mg, 4 chewed, swallowed on admit unless already given. Give 325mg ASA rectal if unable to swallow	
						<input type="checkbox"/> Lipitor 80 mg po daily time given: _____	
						<input type="checkbox"/> IV nitroglycerine @ 5-100mcg/min titrated for chest pain and keep SBP greater than 90mm/HG or 0.4mg SL, repeated x 2 @ 5min intervals or spray; 2 metered doses under tongue or Paste 1 inch q 6hrs if SBP greater than 100mm/Hg	
						<input type="checkbox"/> Lovenox 1mg/kg q 12hrs sub Q unless CrCl less than 30mL/min then use Lovenox 1mg/kg q 24hrs sub Q	
						Call FRHS to report patient status #888-344-7615 or 402-644-7615 (PALS Line) Report given to: _____ by: _____	
						<input type="checkbox"/> EMTALA form completed	
						<input type="checkbox"/> Fax demographic face sheet to FRHS # 402-644-7503	
						<input type="checkbox"/> Bag personal belongings and label <input type="checkbox"/> valuables envelope <input type="checkbox"/> sent with pt <input type="checkbox"/> given to family	
						If transferred before lab results, FAX results to 402-644-7503	
						COPY both pages of this form and send COPY with patient or fax to 402-644-7503	
						Disposition:	
						Time of Departure from ES:	

Physician Signature: _____ RN Signature: _____