



Date ___/___/___	Fibrino.	1ry PCI	Hospital	Underlying disease	Smoking	
1) Onset of chest pain	___:___	___:___	<input type="checkbox"/> CRH	<input type="checkbox"/> HT	<input type="checkbox"/> DLP	<input type="checkbox"/> สูบ
2) Arrive to ER 1st hospital	___:___	___:___	<input type="checkbox"/> _____	<input type="checkbox"/> DM	<input type="checkbox"/> Stroke	<input type="checkbox"/> ไม่สูบ
3) 1st EKG done	___:___	___:___			<input type="checkbox"/> AF	<input type="checkbox"/> หยุดสูบ
4) 1st EKG Dx STEMI	___:___	___:___	อาการสำคัญ		LDL	
5) Consult cardio 1st hospital	___:___	___:___	<input type="checkbox"/> Chest pain			
6) 1st cardio decision SK/PPCI	___:___	___:___	<input type="checkbox"/> VT/VF		LVEF	
7) 1st drop of SK	___:___	XXXXXXX	<input type="checkbox"/> Syncope			
8) Depart from ER 1st hospital	___:___	___:___	<input type="checkbox"/> Cardiac arrest		Complication	
9) Arrive to ER CRH	___:___	___:___	<input type="checkbox"/> Cardiogenic shock		<input type="checkbox"/> No	
10) Depart from ER CRH	___:___	___:___	Infarcted area		<input type="checkbox"/> Mechanical C/P	
11) Arrive to CCU	___:___	___:___	<input type="checkbox"/> Anterior		<input type="checkbox"/> Ischemic stroke	
12) Arrive to Cath Lab	XXXXXXX	___:___	<input type="checkbox"/> Inferior/posterior		<input type="checkbox"/> ICH	
13) Wire cross lesion	XXXXXXX	___:___	<input type="checkbox"/> Lateral		<input type="checkbox"/> O Hct drop $\geq 10\%$	

Progress	Order for one day	Order for continuation
___/___/___ ___:___	<input type="checkbox"/> Admit CCU	<input type="checkbox"/> Regular diet
Pre-coun. anti_HIV	<input type="checkbox"/> CBC, PT, PTT, INR <input type="checkbox"/> BUN, Cr, E'lyte, Ca, Mg, P <input type="checkbox"/> Anti-HIV	<input type="checkbox"/> Record V/S, I/O
Post-coun. anti_HIV	<input type="checkbox"/> CXR portable at ER/CCU <input type="checkbox"/> EKG 12 leads <input type="checkbox"/> NSS 500 ml IV 40 ml/hr Lt. arm if AVF, on IV at non-AVF arm <input type="checkbox"/> on O2 canula 3 L if O2sat <90%	Medication <input type="checkbox"/> Off cilostazol และ persantin (ถ้ามี) <input type="checkbox"/> ASA (81) 1x1 pc <input type="checkbox"/> Clopidogrel GPO (75) 1x1 pc <input type="checkbox"/> Omeprazole (20) 1x1 ac <input type="checkbox"/> Atorvastatin (40) 1x1 hs <input type="checkbox"/> Senokot 2x1 hs <input type="checkbox"/> Ativan (0.5) 1x1 hs <input type="checkbox"/> ISDN (5) 1 tab SL prn chest pain
Consult - Rehab ___/___/___ - Smoke ___/___/___ - Nutrition ___/___/___	O Primary PCI protocol <input type="checkbox"/> ASA gr.V 1 tab chew stat	O Enoxaparin <input type="checkbox"/> _____ ml SC q _____ hr x 5 Days Dose of enoxaparin - Age <75; 1 mg/kg SC q 12 hr - Age ≥ 75 ; 0.75 mg/kg SC q 12 hr - If GFR 15-30; give OD dose
	O Fibrinolysis protocol <input type="checkbox"/> ASA gr.V 1 tab chew stat <input type="checkbox"/> Age <75; Clopidogrel 4 tabs PO stat <input type="checkbox"/> Age ≥ 75 ; Clopidogrel 1 tab PO stat <input type="checkbox"/> SK 1.5 mu + NSS 100 ml IV in 1 hr <input type="checkbox"/> SK จาก รพ. _____ <input type="checkbox"/> EKG post SK นาทีที่ 90 (ER/CCU sign) _____	O Fondaparinux <input type="checkbox"/> 2.5 mg SC OD x 5 Days (ห้ามให้ถ้า GFR <20)
	<input type="checkbox"/> Standby Echo IPD case <input type="checkbox"/> Standby CAG <input type="checkbox"/> ฟรุ้งนี้ FBS, lipid <input type="checkbox"/> ฟรุ้งนี้ PT, PTT, INR (if fibrinolysis)	O Heparin ไขในกรณี GFR <15 <input type="checkbox"/> _____ u (60 u/kg) IV bolus then heparin 10000 u + NSS 100 ml IV drip _____ u/hr (12 u/kg/hr) MAX 1000 u/hr x 2 Days (CCU sign) _____
	<input type="checkbox"/> Consult cardiac rehab <input type="checkbox"/> Consult เลิกบุหรี่ (ถ้ายังสูบบุหรี่) <input type="checkbox"/> Consult nutrition (CCU sign) _____	Ver 2.4 141166