


CR-NSTEMI assessment

Chest pain > 30 min o yes o no	GRACE score  GRACE _____ Must fill every data boxes (unknown Cr = 1 mg/dl) (unknown enzyme=no)	Killip classification o I (no CHF) o II (crepitation < ½ thorax) o III (crepitation ≥ ½ thorax) o IV (cardiogenic shock)	Risk stratification <input type="checkbox"/> Very high & high risk o Cardiac arrest prior arrive to ER ** o VT / VF ** o Cardiogenic shock ** o Ongoing pain during NTG IV drip o Acute heart failure (Killip III-IV) o EKG : transient STE / STD o EKG : Wellen or De winter o GRACE score > 140 <input type="checkbox"/> Intermediate risk ; other condition	
EKG when chest pain o Wallen or De winter o ST depression o T wave invert ≥ 3 mm o _____				
Troponin (ward) Hr 0 = _____ Hr 3 = _____ %rising = _____%				

****Consult cardio EMERGENCY**

CR-NSTEMI standing order

Progress note	date	Order for one day	Date	Order for continuation
Consultant visit : o Rehab ___/___/___ _____ o Smoke ___/___/___ _____		o Admit _____ o CBC, PT, PTT, INR o BUN, Cr, Electrolyte, Ca, Mg, P o Anti - HIV o hs-troponin I Hr 0 and 3 o EKG 12 leads o CXR o 0.9%NaCl 500 ml IV 40 ml/hr Lt. arm if AVF, on IV at non IVF limb o On O ₂ canula 3 L if O ₂ sat < 90% o ASA gr.V 1 tab chewing stat o Clopidogrel (75) 4 tabs po stat o ISDN (5) 1 tab SL if chest pain (ER CRH sign) _____ o Standby echo (Tel. 1785) o Tomorrow FBS, lipid profile o Tomorrow consult 1) cardiac rehab 2) quit smoking <div style="background-color: #f8d7da; padding: 2px; text-align: center;"> <input type="checkbox"/> Very high & high risk </div> o Consult cardio in office hour o Send chart to cath lab for registration in office hour <div style="background-color: #fff3f3; padding: 2px; text-align: center;"> <input type="checkbox"/> Intermediate risk </div> o Send chart to cath lab for registration in office hour o If admit day 5 or plan D/C, consult cardio for stress test (ward sign) _____		o Regular / soft diet o Record V/S, I/O <p style="text-align: center;">medication</p> o ASA (81) 1 x 1 pc o Clopidogrel (75) 1 x 1 ac o Atorvastatin (40) 1 x 1 hs o Senokot 2 x 1 hs o Ativan (0.5) 1 x 1 hs <p style="text-align: center;">Anticoagulant (prefer fondaparinux)</p> o Fondaparinux 2.5 mg SC OD x 5 days (DO NOT use if GFR < 20) o Enoxaparin x 5 days (if GFR < 30, OD) o Age < 75 yr ; 1 mg/kg SC q 12 hr o Age ≥ 75 yr ; 0.75 mg/kg SC q 12 hr Dose _____ o Heparin x 2 days (if GFR < 10) _____ u (60 u/kg) IV bolus then Heparin 10,000 u + NSS 100 ml IV drip _____ u/hr (12 u/kg) (ER CRH sign) _____

