EMERGENCY DEPARTMENT
OBSERVATION UNIT

CHEST PAIN / RO MI
ADMISSION/DISCHARGE CRITERIA

ADMISSION CRITERIA
1. History of chest pain
2. Normal or unchanged ECG
3. Initial cardiac enzymes within normal range
4. Stable Vital Signs
5. No history of ACS

EXCLUSION CRITERIA
1. ECG evidence of MI
2. High suspicion of MI
3. Unstable Vital Signs
4. Clear diagnosis of ACS by history
5. Prior history of ACS
6. Private attending chooses IP admission

EMERGENCY DEPARTMENT INTERVENTIONS
1. IV, oxygen, ECG, CXR
2. Cardiac monitoring
3. Aspirin 325 mg po if not contraindicated
4. Initial cardiac enzymes obtained in Emergency Department
5. Nitrates as needed for pain
6. Emergency Department attending speaks with PMD or Cardiologist (on call)

OBSERVATION UNIT INTERVENTIONS
1. IV, oxygen, ST-segment monitoring
2. Obtain stat 12 lead ECG for worsening pain
3. Contact ED attending for rhythm abnormalities or ST-segment changes
4. Add D-dimer to blood in lab
   1. if positive, order CT scan of chest to R/O pulmonary embolus
5. Time 0 and 4 hours CK, troponin
6. If cardiac enzymes abnormal, admit to hospital
7. If cardiac enzymes negative, order appropriate stress test.

DISPOSITION
1. HOME
   a. Stable VS
   b. Normal cardiac enzymes and D-dimer
   c. Unremarkable stress test
   d. No significant ECG changes
2. HOSPITAL
   a. Unstable VS
   b. Positive cardiac enzymes
   c. Abnormal CT scan
   d. ECG changes
   e. Significant stress test abnormality
   f. ED/PMD/CARD clinical discretion

NOT A PART OF THE MEDICAL RECORD
1. Admit to Emergency Department Observation Unit
2. Initial Emergency Department Physician: ________________________________
3. Private Physician: _________________________ Time Contacted: ________________
4. Consult: ___________________________________________________________________________
5. Condition: ___ Stable ___ Serious ___ Critical
6. Copies of Emergency Department H&P on chart
7. Allergies: ______________________________________________________________________
8. Routine Vital Signs
9. ST segment - continuous monitoring until cardiac enzymes completed
10. Activity: ___ up ad lib ___ Other: _____________________________________________
11. Diet: ___ Cardiac ___ 1800 cal ADA ___ NPO 3 hours before Stress Test ___ Other: __________________________
12. IV Fluids: ___ Saline Lock ___ Other: ____________________________________________
13. Oxygen: ___ Nasal cannula @ ____ L/minute ___ Other: _____________________________
14. Medications:
   ___ EC ASA 325 mg every am
   ___ Tylenol 1 gram po every 6 hours prn pain or fever > 101°
   ___ Motrin 800 mg po every 6 hours prn pain
   ___ Ultraic 50 mg po every 6 hours prn pain
   ___ SL NTG 0.4 mg prn chest pain every 5 minutes x 3
   ___ Maalox 30 cc po every 4 hours prn indigestion
   ___ Ambien 10 mg po every hs prn sleep

15. Testing Orders:
   ___ CK and troponin at 0 and 4 hours from Emergency department arrival, results on flow sheet
   ___ 12 Lead ECG at 0 and 4 hours from Emergency department arrival
   ___ STAT 12 Lead ECG for monitor alert, chest pain
   ___ Serum Pregnancy if indicated for nuclear imaging
   ___ D-dimer
   ___ Spiral CT scan of chest - if D-dimer positive

16. If all cardiac enzymes and ECGs within normal limits:
   ___ Exercise Stress Test ___ Adenosine Myoview Stress ___ Dobutamine Myoview Stress
   ___ Exercise Myoview Stress

17. Contact Emergency Department Physician for positive tests results, abnormal rhythm or ST segment changes.
18. Re-evaluate for discharge every 3 hours.

_________________________________________  _______________________
Emergency Department Physician Signature   Date
Please date and sign each entry.

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<th>TIME:</th>
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**PROTOCOL: CHEST PAIN / RO MI**

**RELEVANT HISTORY/PHYSICAL FINDINGS:**

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**OBSERVATION INTERVENTIONS:**

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<th>Procedure</th>
<th>Action</th>
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<td>0₂% Saturation Monitor</td>
<td>Stress test</td>
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<tr>
<td>Cardiac Monitor</td>
<td>CT Scan if D-dimer positive</td>
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<td>Cardiac Enzymes</td>
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**GOALS OF OBSERVATION PERIOD:**

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**HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:**

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**MORNING PLAN**

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**PRIMARY PHYSICIAN CONTACTED:**

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<td>YES</td>
<td>NAME:</td>
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**ATTENDING SIGNATURE / DATE**

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TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

___ ECG 1   ___ ECG 2
___ 0 hour CK   ___ 4 hour CK
___ 0 hour Troponin ___ 4 hour Troponin
___ Stress Test
___ D-Dimer      ___ CT Scan Chest

PHYSICAL EXAM:

DIAGNOSIS:

DISPOSITION:  ___ Home   ___ Admission

DISCHARGE INSTRUCTION GIVEN:  ___ Yes   ___ No

PRIMARY PHYSICIAN CONTACTED:  ___ Yes   ___ No

NAME: ____________________________

FOLLOW UP:

______________________________________________________________

ATTENDING SIGNATURE / DATE