

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

**EMERGENCY DEPARTMENT
OBSERVATION UNIT
Chest Pain/RO MI
Admission Orders**

Addressograph

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
 ___ Ultram 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

**EMERGENCY DEPARTMENT
OBSERVATION UNIT**

**CHEST PAIN / RO MI
PROGRESS NOTE**

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: CHEST PAIN / RO MI			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	0 ₂ % Saturation Monitor		Stress test
	Cardiac Monitor		CT Scan if D-dimer positive
	Cardiac Enzymes		
GOALS OF OBSERVATION PERIOD:			
HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:			
MORNING PLAN			
PRIMARY PHYSICIAN CONTACTED:			
	YES NAME:		
	NO		

ATTENDING SIGNATURE / DATE

**EMERGENCY DEPARTMENT
OBSERVATION UNIT**

**CHEST PAIN / RO MI
DISCHARGE NOTE**

Addressograph

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

<input type="checkbox"/> ECG 1	<input type="checkbox"/> ECG 2
<input type="checkbox"/> 0 hour CK	<input type="checkbox"/> 4 hour CK
<input type="checkbox"/> 0 hour Troponin	<input type="checkbox"/> 4 hour Troponin
<input type="checkbox"/> Stress Test	
<input type="checkbox"/> D-Dimer	<input type="checkbox"/> 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