Height_____________________
Weight_____________________
Allergies____________________

If any exclusion exist, utilize Modified Erlanger Rapid Rule Out Protocol #527

CTCA exclusions: prior ACS (stent, CABG, angina), pacemaker, defibrillator, BMI greater than 40, pregnancy, can't tolerate nitroglycerin, atrial fibrillation (HR greater than 65), recent IV contrast (within past 48 hours), a positive or negative CTCA within last 6 months, asthma with HR greater than 65 or currently on beta agonist, HR greater than 65 and can't tolerate beta blockers.

General

Level of Care (Single Response)

( ) Admit to Inpatient
Diagnosis:________________________________ Required
Expected length of stay (days): _____________________ Required
Certification: I reasonably expect the patient will require inpatient services that span a period of time over two-midnights. (See Rationale Section in the order for options) Additional documentation will be found in progress notes and admission history and physical. Must be completed by Physician for Inpatient Admissions:
Rationale for Inpatient Admission: ___________________ Required
Plans for post hospital care: See Discharge Summary/ Progress Note
Level of Care: ______________________ Required

( ) Refer to Observation
Diagnosis:________________________________ Required
Monitor for:_______________________________ Required
Notify provider when:______________________ Required
Level of Care: ___________________________ Required

Vital Signs

[X] Vital signs
Routine, Every 4 hours, Starting today, Per unit policy with recurrent chest pain.

Notify Provider

[ ] Notify provider
Routine, Until discontinued, Starting today
Pulse greater than:
Respiratory rate less than:
Respiratory rate greater than:
Temperature greater than (celsius):
Urine output less than (mL/hr):
Systolic BP greater than:
Systolic BP less than:
Diastolic BP greater than:
Diastolic BP less than:
Other:
Hold medication and notify provider of systolic BP less than 90mmHg or recurrent chest pain.
### PHYSICIAN ORDERS

### PATIENT INFORMATION

#### Notify provider
STAT, Until discontinued, Starting today
Pulse greater than:
Respiratory rate less than:
Respiratory rate greater than:
Temperature greater than (celsius):
Urine output less than (mL/hr):
Systolic BP greater than:
Systolic BP less than:
Diastolic BP greater than:
Diastolic BP less than:
Other:
For elevated CK Isoenzymes and Troponin I, ECG changes, recurrent chest pain, or unstable vital signs including oxygen saturation.

### Activity

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Notify provider</td>
</tr>
<tr>
<td>[ ]</td>
<td>Out of bed with assistance</td>
</tr>
</tbody>
</table>
| [X] | Diet NPO | Diet effective now, Starting today
NPO Except:
Diet Comments: |
| [ ] | Nursing communication | Routine, Until discontinued, Starting today, Once CTCA complete, request patient disposition from provider. |
| [X] | Height and weight | Routine, Once, Starting today, Obtain height and weight upon admission and document. |

### Diet/Nutrition

#### [X] Diet NPO

Diet effective now, Starting today
NPO Except:
Diet Comments:

#### Activity

### Nursing Assessments

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>[ ]</td>
<td>Nursing communication</td>
</tr>
<tr>
<td>[X]</td>
<td>Height and weight</td>
</tr>
</tbody>
</table>

### Education

#### [X] Patient education

Routine, Once, Starting today, Give Chest Pain patient information sheet and 'Freedom from Tobacco' brochure. Document on education record.

### Respiratory Interventions

#### [X] Oxygen therapy

Routine, Continuous, Starting today
O2 Delivery Method: Nasal cannula
Titrate to saturation of: 92%
Indications for O2: Hypoxemia
Indicate LPM/FiO2: 2 LPM

### Labs

#### Cardiac

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>[X]</td>
<td>CK Isoenzymes</td>
</tr>
<tr>
<td>[X]</td>
<td>CK Isoenzymes</td>
</tr>
<tr>
<td>[X]</td>
<td>Troponin I - 3, 6, 12 hour timed study</td>
</tr>
<tr>
<td>[X]</td>
<td>Troponin I</td>
</tr>
<tr>
<td>[X]</td>
<td>Troponin I</td>
</tr>
<tr>
<td>[X]</td>
<td>Troponin I</td>
</tr>
<tr>
<td>[X]</td>
<td>Troponin I</td>
</tr>
</tbody>
</table>
## Imaging
### Cardiac

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] ECG</td>
<td>Routine, Every 12 hours, Starting today with First Occurrence Include Now For 2 Occurrences Reason for Exam (Signs &amp; Symptoms): Chest Pain</td>
</tr>
<tr>
<td>[X] ECG</td>
<td>STAT, Once, Starting today Reason for Exam (Signs &amp; Symptoms): Chest Pain With recurrent chest pain.</td>
</tr>
</tbody>
</table>

### Cardiology Imaging

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] CT angiogram coronary with 3D</td>
<td>STAT, 1 time imaging, Starting today For 1 Do not perform if pt has: prior ACS (stent, CAGB, angina), pacemaker, defibrillator, BMI greater than 40, pregnancy, can't tolerate nitroglycerin, atrial fibrillation (HR greater than 65), contrast allergy, recent IV contrast (within past 48 hours), GFR less than 40, a positive or negative CTCA within last 6 months, unable to hold breath (10 seconds), asthma with HR greater than 65 or currently on beta agonist, HR greater than 65 and can't tolerate beta blockers. Reason for Exam: ______________ Required Is the patient pregnant? ______________ Required What is the patient's sedation/anesthesia requirement? No Sedation Reason for Exam (USE SIGNS AND SYMPTOMS): Transport Mode: Bed</td>
</tr>
</tbody>
</table>

## Medications
### Antiplatelet

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Antiplatelet Panel</td>
<td>&quot;Or&quot; Linked Panel</td>
</tr>
<tr>
<td>[ ] aspirin tablet</td>
<td>325 mg, Oral, Once, For 1 Doses Administer to patient upon arrival if not given to ED unless documented allergy/contraindication. Routine</td>
</tr>
<tr>
<td>[ ] aspirin suppository</td>
<td>300 mg, Rectal, Once, For 1 Doses Administer to patient upon arrival if not given to ED unless documented allergy/contraindication. Routine</td>
</tr>
</tbody>
</table>

### CTCA Preparation - HR Greater than 65

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] CTCA Preparation Panel - HR Greater than 65</td>
<td></td>
</tr>
<tr>
<td>[ ] metoprolol (LOPRESSOR) tablet</td>
<td>100 mg, Oral, Once, For 1 Doses Monitor Vital signs every 15 minutes until target HR or 90 minutes Routine</td>
</tr>
<tr>
<td>[ ] metoprolol (LOPRESSOR) 5 mg/5 mL</td>
<td>5 mg, Intravenous, For 2 Doses Test dose procedure: If target HR not achieved in 90 minutes, may administer metoprolol 5 mg IV while monitoring HR on cardiac monitor. If HR dose not drop after test dose, may repeat metoprolol 5 mg IV test dose one time. Routine</td>
</tr>
</tbody>
</table>

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**Provider Initial:** __________________________

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CTCA - Rapid Rule Out MI [304000873]

**Physician Orders**

**Patient Information**

Franciscan Health System
St. Joseph Medical Center
St. Francis Hospital - St. Clare Hospital
St. Elizabeth Hospital - St. Anthony Hospital
Harrison Medical Center
Harrison HealthPartners
Regional Hospital
Patient not on Beta Blocker with HR 55-65

[ ] metoprolol (LOPRESSOR) 5 mg/5 mL

10 mg, IntraVENous, Once, For 1 Doses
If HR drops below 65 immediately after IV metoprolol, and stays
low for at least 1 minute with at least 1 practice breath hold, then
send pt to CT scanner. THEN, administer metoprolol 10 mg IV
after Scout and calcium score images have been obtained, and
immediately before contrast injections for CTCA.
Routine

[ ] metoprolol (LOPRESSOR) tablet

50 mg, Oral, Once, For 1 Doses
Administer metoprolol 50 mg PO and wait 60 minutes, the proceed
to CTCA. This is to prevent reflex tachycardia due to adrenergic tone
and nitroglycerine administration.
Routine

CTCA Intra-Procedure Medications

[X] nitroglycerin (NITROLINGUAL) spray 0.4 mg

2 spray, SubLINgual, Every 5 min PRN, chest pain, For 2 Doses,
Intra-Procedure
Administer nitroglycerine 0.4 mg 2 sprays immediately before scout
image. Repeat dose if more than 10 minutes elapses between scout
image and CTCA acquisition.
Routine

[ ] Vital signs

Routine, Every 4 hours, Starting today, Monitor vital signs prior to
each medication administration. Hold medication for systolic BP less
than 90 mmHg and contact physician.
Routine

[ ] Notify provider

Routine, Until discontinued, Starting today
Pulse greater than:
Respiratory rate less than:
Respiratory rate greater than:
Temperature greater than (celsius):
Urine output less than (mL/hr):
Systolic BP greater than:
Systolic BP less than:
Diastolic BP greater than:
Diastolic BP less than:
Other:
If target HR unachievable following IV metoprolol.
Intra-Procedure