

Advanced Cardiac Admissions Protocol (ACAP)
Chest Pain and CHF Pathway (PAIN)

To be completed on patients with a diagnosis of ACS or CHF

ADDRESSOGRAPH AREA

CHEST PAIN PROTOCOL:

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| <input type="checkbox"/> P riority ST Elevation ACS: CP (> = 30 mins) With: <input type="checkbox"/> > = 1 mm ST in 2 leads <u>or</u> <input type="checkbox"/> New LBBB <u>or</u> <input type="checkbox"/> Acute Posterior Wall MI | <input type="checkbox"/> A dvanice At Least TWO features: <input type="checkbox"/> Prolonged CP (> 20 mins) <input type="checkbox"/> Dynamic ST shifts (> 0.5 mm) <input type="checkbox"/> New BBB other than LBBB <input type="checkbox"/> New or worse MR <input type="checkbox"/> New or worse rales <input type="checkbox"/> Bradycardia or hypotension <input type="checkbox"/> > = 75 yrs. of age <input type="checkbox"/> Elevated Troponin <input type="checkbox"/> Tachycardia <input type="checkbox"/> Cardiogenic shock | <input type="checkbox"/> I ntermediate At Least TWO features but NO advanced features: <input type="checkbox"/> Prolonged CP but resolved <input type="checkbox"/> Limited CP but responsive to rest or nitroglycerine <input type="checkbox"/> Dynamic T changes/ Pathological Q wave <input type="checkbox"/> Prior MI <input type="checkbox"/> Prior PCI/CABG <input type="checkbox"/> Presence of PVD or CVA <input type="checkbox"/> 70-74 yrs. of age <input type="checkbox"/> Troponins indeterminate | <input type="checkbox"/> N egative At Least TWO features but NO advanced or intermediate features: <input type="checkbox"/> Limited CP (< 20 mins) <input type="checkbox"/> EKG normal or without ischemic changes <input type="checkbox"/> Cardiac markers not elevated |
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Plan:

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| Heparins: [P A I] <input type="checkbox"/> UFH (Unfractionated Heparin) <input type="checkbox"/> Can't Use Heparin <input type="checkbox"/> Enoxaparin (1 mg/kg SQ q 12 h) Because _____ Antiplatelet Agents: [P A I N] <input type="checkbox"/> Aspirin (For acute MI first dose 325 mg non enteric coated STAT followed by 75-325 mg po enteric coated daily) <input type="checkbox"/> 81 mg <input type="checkbox"/> 162 mg <input type="checkbox"/> 325 mg <input type="checkbox"/> Cannot take aspirin because _____ <input type="checkbox"/> Clopidogrel (300 mg po STAT then 75 mg po daily) [P A] <input type="checkbox"/> GP IIb/IIIa (Given in conjunction with heparin) [P A] <input type="checkbox"/> Integrillin <input type="checkbox"/> Abciximab (prior PCI only) <input type="checkbox"/> Can't take IIb/IIIa because _____ | Beta Blockers: [P A I] <input type="checkbox"/> Metoprolol (25-100 mg) _____ mg po q 12 h <input type="checkbox"/> Carvedilol (3.125-25 mg) _____ mg po q 12 h <input type="checkbox"/> Cannot take beta blocker because _____ <input type="checkbox"/> Advanced Heart Block <input type="checkbox"/> Hypotension <input type="checkbox"/> Decompensated CHF <input type="checkbox"/> Severe Bradycardia <input type="checkbox"/> Bronchospastic disease ACE Inhibitors: [P A] <input type="checkbox"/> Drug _____ mg po (daily/q 12 h/q 8 h) <input type="checkbox"/> Cannot take ACEI because _____ Statins: [P A] <input type="checkbox"/> Drug _____ mg po daily <input type="checkbox"/> Cannot take statins because _____ <input type="checkbox"/> Other Medications: _____ _____ _____ |
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HEART FAILURE PROTOCOL

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|--|--|-------------|-------------|-------------|-------------------|-----|-----|--|-----------|--|
| <div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 10px;"> <input type="checkbox"/> New Onset Heart Failure </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Valvular Heart Disease, HOCM <input type="checkbox"/> Acute Coronary Syndrome <input type="checkbox"/> Mycocarditis <input type="checkbox"/> Peripartum/Postpartum </div> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 10px;"> <input type="checkbox"/> Acute Exacerbation of Chronic Heart Failure </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Cardiac Etiology</p> <input type="checkbox"/> Hypertension, Hypertrophic Cardiomyopathy <input type="checkbox"/> Arrythmia/Afib/Flutter/Heart Block <input type="checkbox"/> Non compliance with care or medications <input type="checkbox"/> Drugs: negative inotropes, NSAIDS <input type="checkbox"/> Ischemic Myocardium <input type="checkbox"/> Pericardial disease </div> <div style="width: 45%;"> <p style="text-align: center;">Non-Cardiac Etiology</p> <input type="checkbox"/> Thyrotoxicosis, Trauma <input type="checkbox"/> Renal Failure <input type="checkbox"/> Anemia <input type="checkbox"/> Pulmonary disease/emboli <input type="checkbox"/> Sepsis/infection </div> </div> </div> </div> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Clinical Assessment</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 40%; text-align: center;">COLD</td> <td style="width: 40%; text-align: center;">WARM</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">CONGESTION</td> <td style="text-align: center;">WET</td> <td style="text-align: center;">DRY</td> </tr> <tr> <td></td> <td style="text-align: center;">PERFUSION</td> <td></td> </tr> </table> </div> <p>Usual Body Weight: _____ Admission Body Weight: _____ Excess Body Weight: _____ ER Lasix dose & route: _____ Time dose given: _____ Response to dose: _____</p> | | COLD | WARM | CONGESTION | WET | DRY | | PERFUSION | |
| | COLD | WARM | | | | | | | | |
| CONGESTION | WET | DRY | | | | | | | | |
| | PERFUSION | | | | | | | | | |

Plan:

1. Admit to CCU Medicine floor Telemetry Non teaching
2. Strict intake/output and daily weights measurement
3. Furosemide _____ mg IVPB _____ (daily/q 12 h/q 8 h/q 6 h)
4. Inotropes/Vasodilator therapy: None Norepinephrine
 Dopamine Dobutamine Nitroglycerin Nesiritide Milrinone
5. ACE Inhibitors/ARB _____ mg po (daily/q 12 h/q 8 h)
6. Beta Blockers _____ mg po (daily/q 12 h)
7. Aldosterone antagonist _____ mg po (daily)
8. Digoxin _____ mg po daily