OBSERVATION UNIT
CHEST PAIN
PATHWAY OUTLINE

Exclusion Criteria: (Reason to admit as Inpatient to the hospital)
Chest Pain AND any of the following:
A. ST segment depression in more than one lead of > 1mm with no baseline EKG
   or a baseline EKG that does not demonstrate similar ST segment deviation
B. ST segment elevation > or equal to 1mm in greater than one lead with no
   baseline EKG or a baseline EKG that does not demonstrate similar ST segment
   deviation (where patient is felt not to be a STEMI)
C. Abnormal initial troponin or CPK with elevated MB fraction
D. VT, NSVT, or sustained atrial arrhythmias (this does not include PVCs,
   bigeminy, trigeminy, etc.)
E. Active CHF
F. Classic anginal symptoms (exertional or non-exertional chest tightness or
   pressure lasting 2-30 minutes with or without pain radiation to jaw or arms)
   with or without known CAD
G. Aortic stenosis with known valve area < 1.0 sq cm
H. Severe aortic stenosis suggested on physical exam without prior AVA
   determination
I. Bradycardia with heart rate < 40 or Second or third degree heart block
J. Persistent chest pain that requires further evaluation for Acute Coronary
   Syndrome (ACS), pulmonary emboli, or aortic dissection
K. s/p MI in last thirty days
L. s/p stents within last thirty days
M. New LBBB or RBBB
N. Hemodynamic instability
O. Acute MI/unstable angina
P. Concomitant unstable or exacerbated co-morbidity requiring admission

Criteria for Observation Unit
Chest Pain AND

1) No ischemic EKG changes
2) Negative initial troponin or normal CPK with normal MB fraction
3) No NSVT or VT (PVCs and bigeminy, trigeminy OK)
4) No sustained atrial arrhythmias
5) Minimal clinical risk of ACS based on pain description: stabbing,
   pleuritic, positional, precipitated by palpation
6) No CHF

(This page not a part of the medical record.)
Patient Name_____________________
MR #___________________________
or Patient Sticker Only

Observation Interventions:
A. Continuous cardiac monitoring
B. Monitor vital signs every 4 hours
C. Serial cardiac troponins
D. ASA/Nitrates/O2 as indicated
E. Stress Test as indicated (In- or Out- patient)
F. Physician to evaluate patient at admission, discharge and as needed.

Disposition Criteria:
A. HOME
   1) Suggested by cardiology consultant evaluation OR
   2) Negative cardiac enzymes with low clinical suspicion for ischemic symptoms
      AND Negative stress test (if performed)
   3) Clinically stable and chest pain is not felt to be of cardiac origin

B. ADMIT TO HOSPITAL
   1) Troponins or CPK/MB turn positive or new ischemic EKG changes
   2) Development of CHF
   3) NSVT, VT, or sustained atrial arrhythmias
   4) Abnormal stress test
   5) Suggested by cardiology consultant evaluation
   6) Detection of Second or third degree heart block

(This page not a part of the medical record.)
OBSERVATION UNIT
CHEST PAIN
PATHWAY OUTLINE

Place on Observation Unit for Observation Services due to (reason):

Directed H & P Dictated:  □ Yes  □ No

PCP:

ORDERS:
Nursing to do the following:
• Cardiac Monitor → Nurse Notifies Physician of any arrhythmias
• Nursing to check vitals with pulse oximetry and assess symptoms/pain level every 4 hours
• Activity: Up as tolerated -- Off monitor for testing
• Allergies: ________________________________________________________________
• Reinforce observation status with patient including anticipated length of stay less than 23 hours

Choose all the following that apply:
Diet:  [ ] Cardiac  [ ] CCHO (Consistent Carbohydrate)/ADA
       [ ] NPO after midnight
       [ ] Other __________________________
       [ ] IV Fluids  Type ____________ at _________ml/hour

□ Supplemental Oxygen:
   Liter Flow ____________/minute  via __________________
   Maintain oxygen saturation of ______________

□ Off monitor for testing

Medications:
• Physician to review Admission Medication Reconciliation Form (to see allergies and continue/discontinue/clarify patient home medications and add any additional medications needed for Observation - Chest Pain from the following list).
• Nursing will scan all orders to the pharmacy along with Admission Medication Reconciliation Form.

Physician Signature _________________ Date _______ Time _______

Verbal Order _______________________
   Date _______ Time _______
ORDERS (continued):

☐ ASA _________ mg p.o. now
☐ ASA _________ mg p.o. daily
☐ Nitro paste _________ inch to bare skin every _________ hours
  Hold for S.B.P. less than ____________
☐ Protonix 40mg now and daily  Route: ☐ p.o.  ☐ IV
☐ Pepcid 20mg now and every 12hours or ☐ 20 mg daily (for GFR < 50)
  Route: ☐ p.o.  ☐ IV
☐ Gl cocktail 10 ml p.o. now and every _________ hours p.r.n. chest/abdominal pain
☐ Motrin _________mg p.o. every _________ hours
☐ Toradol ______mg IV every _____ hours X _____ doses (not to exceed 4 doses)
☐ Tylenol 650 mg p.o. every 6 hours p.r.n. pain
☐ Zofran 4 mg p.o. every 6 hours p.r.n. nausea
☐ OTHERS: ____________________________________________________
  __________________________________________________________
  __________________________________________________________

Labs and studies:
☐ Troponin T 6 hours after initial done in ED - Nursing to call
  physician if elevated.
☐ LFTS and Lipase (if not done in ED)
☐ Lytes  ☐ Bun/ Cr  ☐ CBC
  ☐ Tomorrow AM or ☐ At _____________ Specify date and time needed
☐ EKG __________________________ Specify date and time needed
☐ Other __________________________

*If stress test is scheduled in AM then DO NOT GIVE the following after midnight the day before stress test:
  • beta blockers
  • calcium channel blockers
  • albuterol
  • xopenex
  • coffee or tea (neither regular nor decaffeinated)

Physician Signature ________________________ Date _______ Time _______
Verbal Order ______________________________ Date _______ Time _______
ORDERS (continued):

☐ Consult Cardiology __________________________

☐ Cardiolyte Stress Test in AM: ☐ Treadmill  ☐ Lexiscan  ☐ Dobutamine
   or Specify date and time needed

☐ Stress Echocardiogram
   Dr. ___________________________ to perform/read stress test or echocardiogram
   OR
   ☐ Schedule outpatient stress test to be done within 3 days

      Type ___________________________

      Results to Dr. ____________________

PROGRESS NOTES: (date, time and sign each entry)
   Briefly document any interim patient encounters here.

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Physician Signature __________________ Date _______ Time ______

Verbal Order ____________________________ Date _______ Time ______
Patient Name __________________________

MR # __________________________
or Patient Sticker Only

☐ Frick Hospital
☐ Latrobe Hospital
☐ Westmoreland Hospital

Disposition (If admitted as "Inpatient", document rationale):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

DISCHARGE NOTE/ADDENDUM TO H & P DICTATED:  ☐ YES  ☐ NO

PHYSICIAN (Discharge):
• Review Discharge Medication Reconciliation Form.
• Prescriptions provided for: _______________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
• Complete Patient Discharge Instructions.
• Discharge condition _______________________________
• Discharge to _______________________________

DISCHARGE ORDERS (Check [v] when done and initial)

Nursing
☐ Smoking cessation packet given on admission, if patient is a current smoker or quit within the past year. RN _____
☐ Chest Pain Education Folder given on admission. RN _____
☐ Patient signs Discharge Instructions after review RN _____
☐ Patient given, verbalizes understanding, and signs Medication Reconciliation
  Home Instructions Form RN _____
☐ Patient verbalizes understanding of recommended follow-up RN _____

Physician Signature __________________________ Date ________ Time _____

RN Signature __________________________ Date ________ Time _____
Case Management (CM)
To be done as close to start of care as possible:

☐ Reinforce observation status with patient including anticipated length of stay less than 23 hours
☐ Assess for discharge needs  ☐ Assess for transportation needs

At Discharge:
*CM Contact patient’s Primary Care Physician or covering physician to inform PCP the patient was in Observation Unit for chest pain.  CM_____
*CM Complete the “Physician Notification” form and fax to PCP.  CM_____
* Nursing to do after hours _________________________________ RN _______

RN Signature _________________________ Date _______ Time ______
CM Signature __________________________ Date _______ Time ______