



NSTEMI CLERKING FORM (DOWNTIME FORM)

To be filled up by Emergency

Date of onset of ACS symptoms :

Date patient presented :

Time of onset of ACS symptoms(24H format) : ☐ Not Available

Time patient presented (24H format) : ☐ Not Available

Time since onset :

Was patient transferred from another centre ? : ☐ No ☐ Yes Please specify,

To be filled up by Cardiology

Cardiology Review

- ☐ I have examined the patient and there are no changes identified
- ☐ Additional notes/ changes identified:

Main Diagnosis : **NSTEMI**

Case discussed with

Problem List :

Care Plan

- ☐ Admit List
- ☐ Oxygenation List

Medication Plan : ☐ Continue patient's current medication

Additional :

DAPT

Has DAPT been loaded in another centre?

LMWH

- ☐ S/C Fondaparinux 2.5mg OD (if CrCl > 30ml/min), OR
- ☐ S/C Clexane 60mg BD (If CrCL > 30ml/min) OR
- ☐ S/C Clexane 60mg OD (If CrCL < 30ml/min)

Pain Relief

- ☐ S/L GTN 1/I PRN/TDS for chest pain
- ☐ IVI NTG mcg/min
- ☐ IV Morphine with IV maxolon 10mg stat

Beta Blocker :

ACE-I/ARB :

Statins :

Therapeutic Intervention

☐ Medical Therapy ☐ Coronary Angiogram / PCI

If Medical Therapy, please specify :

Functional ischaemic study / imaging



Investigations:

☐ Laboratory : FBC,RP,LFT,TFT,Ca,Mg,PO4,Coag Profile ☐ ECHO
☐ Serial CE (CK,CK-MB,Troponin-T) ☐ CXR
☐ Serial ECG ☐ Others

If Others, specify :

Dietary Request:

☐ Normal Healthy Diet ☐ Diet for Diabetes
☐ Diet for Dialysis (For ESKD Patient regular dialysis) ☐ Fluid Restriction
☐ Therapeutic Diet

If Therapeutic Diet, specify :

Patient & Family Education (PFE)

☐ Education on disease process
☐ Discss on treatment and care plan patient, spouse, next of kin,guardian, or parent(s)
☐ Patient Information Leaflet given

Name : _____

Signature: _____

Date & Time: _____