

## Simulation Orders

ORDERED		Roberto A. Hernandez      DOB 12/23/45
DATE	TIME	
today	1200	ADMIT TO: <input checked="" type="checkbox"/> CCU <input type="checkbox"/> Non-telemetry Floor
	1200	DIAGNOSIS: <input type="checkbox"/> Diabetes, <input checked="" type="checkbox"/> R/O Myocardial Infarction, <input type="checkbox"/> CHF, <input type="checkbox"/> S/P CABG, <input checked="" type="checkbox"/> Chest Pain, <input type="checkbox"/> Head Injury, <input type="checkbox"/> Stroke, <input type="checkbox"/> GI Bleed, <input type="checkbox"/> HTN, <input type="checkbox"/> MVA _____, <input type="checkbox"/> Surgery _____ <input type="checkbox"/> Cancer _____ <input type="checkbox"/> Other _____
	1200	ALLERGIES: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list: Percocet
	1200	ACTIVITY: <input type="checkbox"/> Bedrest <input checked="" type="checkbox"/> Bedside Commode <input type="checkbox"/> Activity as tolerated
	1200	VITAL SIGNS: <input checked="" type="checkbox"/> Every 4 hours <input type="checkbox"/> every shift <input type="checkbox"/> other _____ <input type="checkbox"/> O2 Sats. Q shift <input checked="" type="checkbox"/> Accuchecks every 6 hours, call <70 or >200
	1200	DIET: <input type="checkbox"/> NPO, <input checked="" type="checkbox"/> NPO except sips for p.o. meds <input type="checkbox"/> surgical liquid, <input type="checkbox"/> nursing liquid, <input type="checkbox"/> 2gm Low Na, low fat, <input type="checkbox"/> ADA _____ kcal, <input type="checkbox"/> Regular
	1200	IV: <input checked="" type="checkbox"/> Saline Lock <input checked="" type="checkbox"/> 0.9% Sodium Chloride IV TRA <u>75 ml/hr</u> <input type="checkbox"/> Lactated Ringers TRA _____ <input type="checkbox"/> Other _____
	1200	O <sub>2</sub> : <input type="checkbox"/> None <input checked="" type="checkbox"/> 2Liters/minute via Nasal Cannula <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> titrate O2 to keep sats > 90%
	1200	MEDICATIONS: <input checked="" type="checkbox"/> Clopidogrel 300 mg po prior to heart catheterization <input checked="" type="checkbox"/> Metoprolol IV 5 mg over 2 minutes; repeat every 5 minutes for total of 15 mg; hold if BP <90 or HR <50 and call physician <input checked="" type="checkbox"/> NS 3 ml IV BID and prn for IV flush <input checked="" type="checkbox"/> Implement Heparin Nomogram (see separate orders): Heparin 60 units/kg IV bolus (maximum 4,000 units) Heparin start IV infusion at 10 units /kg/hr <input checked="" type="checkbox"/> Morphine Sulfate IV 3 mg prn every 2 hours to keep pain 0/10
	1200	<input checked="" type="checkbox"/> If chest pain occurs, obtain STAT ECG, notify MD, <input checked="" type="checkbox"/> Nitroglycerin 0.4 mg (1/150 gr) SL PRN chest pain every 5 minutes x3; notify physician if chest pain unrelieved. (Hold if SBP <90)
	1200	X-RAYS: <input checked="" type="checkbox"/> Chest x-ray
	1200	LAB TESTS: <b>Completed upon arrival MST</b> <input type="checkbox"/> CBC, <input checked="" type="checkbox"/> BMP, <input type="checkbox"/> Routine UA <input checked="" type="checkbox"/> Fasting lipid panel <input checked="" type="checkbox"/> Hgb A1C <input checked="" type="checkbox"/> MRSA screening <input checked="" type="checkbox"/> Other <u>repeat CK-MB and Troponin in 6 hours x 3, , PTT-H in 6 hours after admission and follow nomogram protocol. Call results prior to heart cath</u>
	1200	<input checked="" type="checkbox"/> Additional orders: <b>Heart Catheterization</b> <i>Sign consent for Percutaneous transluminal coronary angioplasty with possible stent placement.</i>
		<p>Patient dosing weight: <b>105 kg</b></p> <p style="text-align: center;"><b>HEPARIN NOMOGRAM FOR BOLUS</b></p> <p>Initial bolus dose = _____ x _____ kg = _____ units (round to the nearest 100 units), maximum <b>4000 Units</b></p> <p style="text-align: center;"><b>HEPARIN NOMOGRAM FOR INFUSION</b></p> <p>Initial rate of infusion: _____ units/kg/hr</p> <p>Next PTT in 6 hours: (date/time = _____)</p>

Date    Time 1200

Signature: Dr. Chester Hart MD