



Grey Bruce Health Network

**ACUTE CORONARY SYNDROMES
CLINICAL PATHWAY
ACUTE STAGE**

HANOVER AND DISTRICT HOSPITAL

PATIENT ID

| PROCESS | ADMISSION DAY > TWO HOURS UNSTABLE ANGINA - UNTIL DAY 3 MYOCARDIAL INFARCTION - UNTIL DAY 5 | DATE <i>July 4/06</i> | |
|--|--|--------------------------|---|
| | | <i>D</i> | <i>E N</i> |
| PERFORMANCE INDICATORS * | 3 LIPID MEASUREMENT DONE IN FIRST 24 HOURS OF ADMISSION | <i>Met</i> | Record as "Met" or "Not Met" on Variance Record |
| ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION) | CONTINUOUS CARDIAC MONITORING / TELEMETRY | <i>Met</i> | <i>DBR</i> |
| | VITAL SIGNS & O ₂ SATS Q4H AND PRN (Q2H FOR THROMBOLYTIC PTS) | <i>Met</i> | <i>DBR</i> |
| | CHEST ASSESSMENT | <i>Met</i> | <i>DBR</i> |
| | PAIN ASSESSMENT (0-10) | <i>Met</i> | <i>DBR</i> |
| | ASSESS FOR SIGNS OF HEART FAILURE | <i>Met</i> | <i>DBR</i> |
| | ASSESS FOR SIGNS OF BLEEDING | <i>Met</i> | <i>DBR</i> |
| | MONITOR INTAKE / OUTPUT | <i>Met</i> | <i>DBR</i> |
| | MENTAL STATUS—ORIENTED TO PERSON/PLACE/TIME | <i>Met</i> | <i>DBR</i> |
| OTHER: | | | |
| CONSULTS | FAMILY PHYSICIAN NOTIFIED | <i>N/A</i> | <i>N/A</i> |
| DIAGNOSTICS/ LABORATORY | ECG & CARDIAC MARKERS | <i>Met</i> | <i>N/A</i> |
| | ECG WITH PAIN | <i>N/A</i> | <i>N/A</i> |
| | CHEST X-RAY IF NOT DONE IN ER | <i>N/A</i> | <i>N/A</i> |
| | OTHER: | | |
| MEDICATIONS | SEE MAR SHEET | <i>DBR</i> | <i>DBR</i> |
| TREATMENTS/ INTERVENTIONS | O ₂ AT <u>3L</u> PRONGS <input type="checkbox"/> MASK <input checked="" type="checkbox"/> | <i>Met</i> | <i>DBR</i> |
| | PERIPHERAL IV / SALINE LOCK | <i>Met</i> | <i>DBR</i> |
| | CHEST AUSCULTATION | <i>Met</i> | <i>DBR</i> |
| | OTHER: | | |
| NUTRITION | CLEAR FLUIDS <input checked="" type="checkbox"/> FULL FLUIDS <input type="checkbox"/> HEALTHY HEART DIET AS TOLERATED <input type="checkbox"/> | <i>Met</i> | <i>DBR</i> |

ALL NON-SHADED BOXES TO BE INITIALLED UPON COMPLETION OR MARKED N/A AND INITIALLED

| PROCESS | ADMISSION DAY > TWO HOURS UNSTABLE ANGINA - UNTIL DAY 3 MYOCARDIAL INFARCTION - UNTIL DAY 5 | | DATE July 4/06 | | |
|---|---|--|-------------------|-----|-----|
| | | | D | E | N. |
| MOBILITY/ACTIVITY * | ACTIVITY LEVEL 1 AS TOLERATED (MI & ANGINA PATIENTS): | BED REST | | MY | JB |
| | | BED SIDE COMMODE PRIVILEGE IF STABLE | | MY | JB |
| | | FEED SELF | | N/A | N/A |
| | | ASSISTED BATH | | N/A | N/A |
| | | ANKLE / FOOT EXERCISES | | MY | N/A |
| | | DEEP BREATHING / COUGHING / CALF PUMPING | | MY | N/A |
| | ACTIVITY LEVEL 2 AS TOLERATED (ANGINA PATIENTS ONLY): | SIT UP 20 MIN (TID / MEALS) | | | |
| | | BATHROOM PRIVILEGES | | | |
| PSYCHOSOCIAL SUPPORT/ EDUCATION * | ORIENTATION TO UNIT AND PROCEDURES | | | MY | MA |
| | INTRODUCE PATIENT PATHWAY | | | MY | N/A |
| | BEGIN TEACHING CHECKLIST | | | MY | N/A |
| | ENCOURAGE QUESTIONS | | | MY | N/A |
| | REVIEW PAIN SCALE AND NEED TO REPORT PAIN TO NURSE | | | MY | JB |
| | REVIEW VISITING GUIDELINES | | | MY | N/A |
| DISCHARGE PLANNING * | | | | | |

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Activity Levels (1-4) adapted from the Guelph General Hospital AMI Activity Level Guideline