



**ACUTE CORONARY SYNDROMES
CLINICAL PATHWAY
ACUTE STAGE
HANOVER AND DISTRICT HOSPITAL**

PATIENT ID

INCLUSION CRITERIA

Patients who present with chest pain that is subsequently diagnosed as Acute Coronary Syndrome (Myocardial Infarction or Unstable Angina)

Patient discharge criteria should be met by: Unstable Angina - Day 3
Myocardial Infarction - Day 5

HOW TO USE THE CLINICAL PATHWAY

1. This is a proactive tool to avoid delays in treatment and discharge. **These are not orders**, only a guide to usual orders.
2. Place the Clinical Pathway in the nurses clinical area of the chart. All health care professionals should fill in the master signature sheet at the front of the Pathway. Addressograph/sticker each page of the Pathway, except for the Variance Record.
3. PHYSICIANS: Add or delete tasks according to individual patient complexity, and initial all changes.
4. HEALTH CARE PROFESSIONALS: Initial tasks as completed. Place N/A and initial any box where the task is not applicable to the patient. Additional tasks due to patient individuality can be added to the pathway in "OTHER" boxes and/or Progress Notes.
5. Please indicate any variances to Indicators on the Variance Record.

NAME (Please Print)	INITIAL	SIGNATURE	POSITION					OTHER (Specify)
			NURSE	PT	DIETITIAN	DISCHARGE PLANNER	CCAC	
Darlene Youngs	DY	<i>Darlene Youngs</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Margaret Youngs	MY	<i>Margaret Youngs</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jes Baker	JB	<i>Jes Baker</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NAME (Please Print)	INITIAL	SIGNATURE	POSITION					OTHER (Specify)
			NURSE	PT	DIETITIAN	DISCHARGE PLANNER	CCAC	
Ben Johnson	BJW	Ben Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brittany Spears	BS	B Spears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacist
Joan Rivers	JR	J Rivers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Cooper	AC	A Cooper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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