



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</i>	<i>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>MY</i>	<i>DBR</i>
	VITAL SIGNS & O ₂ SATS Q4H AND PRN (Q2H FOR THROMBOLYTIC PTS)		<i>MY</i>	<i>DBR</i>
	CHEST ASSESSMENT		<i>MY</i>	<i>DBR</i>
	PAIN ASSESSMENT (0-10)		<i>MY</i>	<i>DBR</i>
	ASSESS FOR SIGNS OF HEART FAILURE		<i>MY</i>	<i>DBR</i>
	ASSESS FOR SIGNS OF BLEEDING		<i>MY</i>	<i>DBR</i>
	MONITOR INTAKE / OUTPUT		<i>MY</i>	<i>DBR</i>
	MENTAL STATUS—ORIENTED TO PERSON/PLACE/TIME		<i>MY</i>	<i>DBR</i>
OTHER:				
CONSULTS	FAMILY PHYSICIAN NOTIFIED		<i>N/A</i>	<i>N/A</i>
DIAGNOSTICS/ LABORATORY	ECG & CARDIAC MARKERS		<i>MY</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>MY</i>	<i>DBR</i>
	PERIPHERAL IV / SALINE LOCK		<i>MY</i>	<i>DBR</i>
	CHEST AUSCULTATION		<i>MY</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>MY</i>	<i>DBR</i>

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

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			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