



Grey Bruce  
Health Network

**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"/>	





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COMORBID CONDITIONS: COPD, Diabetes

PROCESS	ADMISSION DAY - FIRST TWO HOURS		DATE
	UNSTABLE ANGINA - UNTIL DAY 3 MYOCARDIAL INFARCTION - UNTIL DAY 5		July 4/06
PERFORMANCE INDICATORS *	1 THROMBOLYTICS WITHIN 30 MIN OF ENTERING HOSPITAL	Met	Record as "Met" or "Not Met" on Variance Record
	2 CHEWABLE ASA GIVEN WITHIN FIRST 2 HOURS OF ENTERING HOSPITAL	Not Met	
CERNER ORDER	ACUTE CORONARY SYNDROMES CLINICAL PATHWAY		By Regd
ASSESSMENT	IV ACCESS AND SITE CHECKS	#1: <u>IV 2/3 + 1/3</u> #2:	By Regd N/A
	CONTINUOUS CARDIAC MONITORING		By Regd
	FREQUENT VITALS WITH O <sub>2</sub> SATS		By Regd
	RHYTHM STRIPS		By Regd
	CHEST ASSESSMENT		By Regd
	PAIN ASSESSMENT (0-10)		By Regd
	SEE CODE SHEET IF APPLICABLE		N/A
	OTHER:		
CONSULTS			
DIAGNOSTICS/ LABORATORY	CHEST X-RAY		By Regd
	BLOOD WORK AS ORDERED		By Regd
	ECG		By Regd
	OTHER:		
MEDICATIONS	SEE MAR SHEET		By Regd
TREATMENTS/ INTERVENTIONS	O <sub>2</sub> THERAPY AS ORDERED		By Regd
	CHEST AUSCULTATION		By Regd
	MONITOR BLEEDING IF ON THROMBOLYTIC / GLYCOPROTEIN		By Regd
	FOLEY		N/A
	OTHER:		

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

PROCESS	ADMISSION DAY - FIRST TWO HOURS UNSTABLE ANGINA - UNTIL DAY 3 MYOCARDIAL INFARCTION - UNTIL DAY 5	DATE
		July 4 <sup>th</sup> / 06
NUTRITION		
MOBILITY/ACTIVITY *	BED REST	<i>[Signature]</i>
PSYCHOSOCIAL SUPPORT/ EDUCATION *	INFORM FAMILY AND PATIENT OF DIAGNOSIS	<i>[Signature]</i>
	ADDRESS IMMEDIATE CONCERNS	<i>[Signature]</i>
	REVIEW PAIN SCALE	<i>[Signature]</i>
	REVIEW IMPORTANCE OF INFORMING NURSE OF CHEST PAIN	<i>[Signature]</i>
DISCHARGE PLANNING *		

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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 <sub>2</sub> 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>Met</i>	<i>DBR</i>
TREATMENTS/ INTERVENTIONS	O <sub>2</sub> AT <u>85%</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 INITIALED UPON COMPLETION OR MARKED N/A AND INITIALED

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	N/A
	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



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PROCESS	DAY 1 UNSTABLE ANGINA - UNTIL DAY 3 MYOCARDIAL INFARCTION - UNTIL DAY 5	DATE July 5 <sup>th</sup> /08		
		D	E	N
<b>ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)</b>	CONTINUOUS CARDIAC MONITORING / TELEMETRY	BARN	MYRN	ABRN
	VITALS WITH O <sub>2</sub> SATS Q4H AND PRN	BARN	MYRN	ABRN
	CHEST ASSESSMENT	BARN	MYRN	ABRN
	PAIN ASSESSMENT (0-10)	BARN	MYRN	ABRN
	ASSESS FOR SIGNS OF HEART FAILURE	BARN	MYRN	ABRN
	ASSESS FOR SIGNS OF BLEEDING	BARN	MYRN	ABRN
	MONITOR INTAKE / OUTPUT	BARN	MYRN	ABRN
	ASSESS BOWEL ROUTINE	BARN	MYRN	N/A
	PERIPHERAL EDEMA	BARN	MYRN	ABRN
	MENTAL STATUS—ORIENTED TO PERSON/PLACE/TIME	BARN	MYRN	ABRN
	OTHER:			
<b>CONSULTS</b>	ECHOCARDIOGRAM	BARN	N/A	N/A
	STRESS TEST	BARN	N/A	N/A
	DISCHARGE PLANNING PRN	BARN	N/A	N/A
	DIETITIAN	BARN	N/A	N/A
	KINESIOLOGIST / PHYSIOTHERAPIST IF ORDERED	N/A	N/A	N/A
	PHARMACIST IF ORDERED	BARN	N/A	N/A
<b>DIAGNOSTICS/ LABORATORY</b>	ECG	BARN	N/A	N/A
	ECG FOR RECURRENT CHEST PAIN	N/A	N/A	N/A
	BLOOD WORK AS ORDERED	BARN	N/A	N/A
	OTHER:			
<b>MEDICATIONS</b>	SEE MAR SHEET	BARN	MYRN	ABRN
<b>TREATMENTS/ INTERVENTIONS</b>	O <sub>2</sub> — DISCONTINUE 24 HOURS POST PAIN FREE	BARN	MYRN	ABRN
	O <sub>2</sub> PRN WITH PAIN	N/A	N/A	N/A
	IV / SALINE LOCK	BARN	MYRN	ABRN
	OTHER:			

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

PROCESS	DAY 1 UNSTABLE ANGINA - UNTIL DAY 3 MYOCARDIAL INFARCTION - UNTIL DAY 5		DATE July 5 <sup>th</sup> /06		
			D	E	N
NUTRITION	HEALTHY HEART DIET OR SPECIAL DIET IF REQUIRED <u>N/A</u>		B/AN	M/AN	N/A
MOBILITY/ACTIVITY *	ACTIVITY LEVEL 2 IF PAIN FREE (MI & ANGINA PATIENTS):	SIT UP 20 MIN (TID / MEALS)	B/AN	M/AN	N/A
		BATHROOM PRIVILEGES	B/AN	M/AN	DB/AN
		ASSISTED BATH	B/AN	N/A	N/A
	ACTIVITY LEVEL 3 AS TOLERATED (ANGINA PATIENTS ONLY):	UP IN ROOM AD LIB			
		SIT UP FOR MEALS			
		SHOWER			
		WALK IN HALL			
REINFORCE ACTIVITY LEVELS		B/AN	M/AN	N/A	
PSYCHOSOCIAL SUPPORT/ EDUCATION *	REVIEW PATIENT PATHWAY	B/AN	M/AN	N/A	
	CONTINUE TEACHING CHECKLIST	B/AN	M/AN	N/A	
DISCHARGE PLANNING *	ASSESS FOR TRANSFER TO TELEMETRY	N/A	N/A	N/A	
	FAMILY PHYSICIAN NOTIFIED	B/AN	N/A	N/A	
	ASSESS DISCHARGE CRITERIA DAILY	B/AN	M/AN	DB/AN	

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PROCESS	DAY 2 UNSTABLE ANGINA - UNTIL DAY 3 MYOCARDIAL INFARCTION - UNTIL DAY 5	DATE July 6 <sup>th</sup> 2006		
		D	E	N
<b>ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)</b>	CONTINUOUS CARDIAC MONITORING (ANGINA PATIENTS SHOULD BE DISCONTINUED IF APPLICABLE)	B/PRN	M/PRN	DB/PRN
	VITALS WITH O <sub>2</sub> SATS Q4H AND PRN	BD/PRN	M/PRN	DB/PRN
	CHEST ASSESSMENT	BD/PRN	M/PRN	DB/PRN
	PAIN ASSESSMENT (0-10)	BD/PRN	M/PRN	DB/PRN
	ASSESS FOR SIGNS OF HEART FAILURE	BD/PRN	M/PRN	DB/PRN
	ASSESS FOR SIGNS OF BLEEDING	BD/PRN	M/PRN	DB/PRN
	MONITOR INTAKE / OUTPUT	BD/PRN	M/PRN	DB/PRN
	ASSESS BOWEL ROUTINE	BD/PRN	M/PRN	N/A
	PERIPHERAL EDEMA	BD/PRN	M/PRN	DB/PRN
	MENTAL STATUS—ORIENTED TO PERSON/PLACE/TIME	BD/PRN	M/PRN	DB/PRN
OTHER:				
<b>CONSULTS</b>				
<b>DIAGNOSTICS/ LABORATORY</b>	ECG WITH PAIN	N/A	N/A	N/A
	CHEST X-RAY IF NOT DONE PREVIOUSLY	N/A	N/A	N/A
	BLOOD WORK AS ORDERED	BD/PRN	N/A	N/A
	OTHER:			
<b>MEDICATIONS</b>	SEE MAR SHEET	BD/PRN	M/PRN	DB/PRN
<b>TREATMENTS/ INTERVENTIONS</b>	O <sub>2</sub> PRN	BD/PRN	M/PRN	DB/PRN
	IV / SALINE LOCK (DISCONTINUE IN ANGINA PATIENTS)	BD/PRN	M/PRN	DB/PRN
	OTHER:			
<b>NUTRITION</b>	HEALTHY HEART DIET OR SPECIAL DIET IF REQUIRED <u>N/A</u>	BD/PRN	M/PRN	N/A

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

PROCESS	DAY 2 UNSTABLE ANGINA - UNTIL DAY 3 MYOCARDIAL INFARCTION - UNTIL DAY 5		DATE July 6 <sup>th</sup> /06		
			D	E	N
MOBILITY/ACTIVITY *	ACTIVITY LEVEL 2 AS TOLERATED (MI & ANGINA PATIENTS):	SIT UP 20 MIN (TID / MEALS)			
		BATHROOM PRIVILEGES			
		ASSISTED BATH			
	ACTIVITY LEVEL 3 AS TOLERATED (MI & ANGINA PATIENTS):	UP IN ROOM AD LIB	BARN MYRN N/A		
		SIT UP FOR MEALS	BARN MYRN N/A		
		SHOWER	BARN MYRN N/A		
		WALK IN HALL	BARN MYRN N/A		
	ACTIVITY LEVEL 4 AS TOLERATED (ANGINA PATIENTS ONLY):	ACTIVITY AS TOLERATED			
		STAIRS			
	REINFORCE ACTIVITY LEVELS		BARN MYRN N/A		
PSYCHOSOCIAL SUPPORT/ EDUCATION *	REVIEW PATIENT PATHWAY				
	TEACHING CHECKLIST:	CONTINUE TEACHING CHECKLIST (MI PATIENTS ONLY)	BARN MYRN N/A		
		COMPLETE TEACHING CHECKLIST (ANGINA PATIENTS ONLY)	BARN MYRN N/A		
		PATIENT ENCOURAGED TO ASK QUESTIONS	BARN MYRN N/A		
DISCHARGE PLANNING *	ANGINA PATIENTS ONLY:	ECHO APPOINTMENT ARRANGED			
		STRESS APPOINTMENT ARRANGED			
		DISCHARGE PLANS ARRANGED			
		DISCHARGE PLANS DISCUSSED WITH PATIENT/FAMILY			
		DISCHARGE ORDER SECURED FOR DAY 3			
	ASSESS DISCHARGE CRITERIA DAILY - ANGINA PATIENTS COULD BE READY FOR DISCHARGE				

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PROCESS	DAY 3 UNSTABLE ANGINA - UNTIL DAY 3 MYOCARDIAL INFARCTION - UNTIL DAY 5	DATE July 7 <sup>th</sup> /06		
		D	E	N
<b>ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)</b>	VITALS WITH O <sub>2</sub> SATS Q8H AND PRN	BREN	MREN	BREN
	CHEST ASSESSMENT	BREN	MREN	BREN
	PAIN ASSESSMENT (0-10)	BREN	MREN	BREN
	PERIPHERAL EDEMA	BREN	MREN	BREN
	MENTAL STATUS—ORIENTED TO PERSON/PLACE/TIME	BREN	MREN	BREN
	OTHER:			
<b>CONSULTS</b>				
<b>DIAGNOSTICS/ LABORATORY</b>	ECG WITH PAIN	N/A	N/A	N/A
	BLOOD WORK AS ORDERED	BREN	N/A	N/A
	INR IF ON WARFARIN	BREN	N/A	N/A
	OTHER:			
<b>MEDICATIONS</b>	SEE MAR SHEET	BREN	MREN	BREN
<b>TREATMENTS/ INTERVENTIONS</b>	SALINE LOCK	BREN	MREN	BREN
	OTHER:			
<b>NUTRITION</b>	HEALTHY HEART DIET OR SPECIAL DIET IF REQUIRED <u>N/A</u>	BREN	MREN	N/A
<b>MOBILITY/ACTIVITY *</b>	UP IN ROOM AD LIB	BREN	MREN	N/A
	SIT UP FOR MEALS	BREN	MREN	N/A
	BATHROOM PRIVILEGES	BREN	MREN	BREN
	SHOWER	BREN	N/A	N/A
	WALK IN HALL	BREN	MREN	N/A
	REINFORCE ACTIVITY LEVELS	BREN	MREN	N/A

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

PROCESS	DAY 3 UNSTABLE ANGINA - UNTIL DAY 3 MYOCARDIAL INFARCTION - UNTIL DAY 5	DATE July 7/06		
		D	E	N
PSYCHOSOCIAL SUPPORT/ EDUCATION *	REVIEW PATIENT PATHWAY	Bgen	Mgen	N/A
	CONTINUE TEACHING CHECKLIST	Bgen	Mgen	N/A
DISCHARGE PLANNING *	ASSESS NEED FOR TELEMETRY	N/A	N/A	N/A
	ASSESS FOR TRANSFER TO MEDICAL UNIT	Bgen	Mgen	N/A
	ASSESS NEEDS FOR DISCHARGE	WFC	Mgen	N/A
	ASSESS DISCHARGE CRITERIA DAILY	Bgen	Mgen	N/A

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PROCESS	DAY 4 MYOCARDIAL INFARCTION - UNTIL DAY 5		DATE July 8/06		
			D	E	N
<b>ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)</b>	VITALS WITH O <sub>2</sub> SATS BID AND PRN		Done		
	CHEST ASSESSMENT		Done		
	PAIN ASSESSMENT (0-10)		Done		
	PERIPHERAL EDEMA		Done		
	MENTAL STATUS—ORIENTED TO PERSON/PLACE/TIME		Done		
	OTHER:				
<b>CONSULTS</b>	FOLLOW UP APPOINTMENTS IF NECESSARY		Done		
<b>DIAGNOSTICS/ LABORATORY</b>	ECG WITH PAIN		N/A		
	OTHER:				
<b>MEDICATIONS</b>	SEE MAR SHEET		Done		
<b>TREATMENTS/ INTERVENTIONS</b>	DISCONTINUE SALINE LOCK		Done		
	CONSIDER SHOWER IF STABLE		Done		
	OTHER:				
<b>NUTRITION</b>	HEALTHY HEART DIET OR SPECIAL DIET IF REQUIRED _____		Done		
<b>MOBILITY/ACTIVITY *</b>	ACTIVITY LEVEL 4:	ACTIVITY AS TOLERATED	Done		
		STAIRS	Done		
	REINFORCE ACTIVITY LEVELS		Done		
<b>PSYCHOSOCIAL SUPPORT/ EDUCATION *</b>	REVIEW PATIENT PATHWAY		Done		
	FINISH TEACHING CHECKLIST		Done		
	PATIENT ENCOURAGED TO ASK QUESTIONS		Done		
<b>DISCHARGE PLANNING *</b>	ECHOCARDIOGRAM APPOINTMENT ARRANGED		N/A		
	STRESS TEST ARRANGED		N/A		
	ASSESS DISCHARGE CRITERIA DAILY		Done		
	SECURE DISCHARGE ORDER FOR DAY 5		N/A		

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