Cardiology 48 Hour Observation Status:
Chest Pain
(PCU bed - observation)

- EKG normal or unchanged from prior
- Initial troponin is negative
- Normal hemodynamics with BP sys >100
- No arrhythmias (rate controlled AF is exception if pt. known to have chronic AF)
- No rales on pulmonary exam or No CXR with acute CHF
- Remains pain free in ED

- Not included:
  - Patient with unstable vs or active CP or ACS w/USA
  - Significantly changed EKG or new LBBB
  - Positive cardiac enzymes
  - Placed on Heparin for ACS

- Guidelines:
  - Admit as 48 hours obs in pcu unit, not CICU
  - Serial enzymes and EKG's
  - Consider other diagnoses and causes of CP
  - If stress test needed, it should be done prior to d/c
  - Patient must be d/c in 48 hours and 59 minutes or less
Cardiology: Intermediate Level Of Care for ACS
(ICU bed – full admit; “step-down”)
(It’s a virtual bed)

**Does your patient have:**
- Acute MI (NSTEMI) with controlled pain and ischemic sx. resolved
- USA and pain controlled-Rest angina or new onset <2 mos, lasting > 20 minutes or Increasing duration, frequency or intensity?
- ECG with ST depression ≥0.5mm or T wave inversion ≥1mm or a pacemaker rhythm?
- Ischemia on a stress test post observation status?
- Admit to Cardiac Step Down in the CICU

**If patient meets above criteria they must receive all interventions:**
- Beta blocker or Ca Channel blocker (includes po), administered or documented contraindicated
- Aspirin (includes po), administered or documented contraindicated
- Antiplatelet (includes po), administered or documented contraindicated
- Anticoagulant (includes po), administered or documented contraindicated
- Continuous cardiac monitoring (excluding Holter monitoring)
Critical Level of Care for ACS Admission (ICU)

Does your patient have one of the following?
- Acute MI (STEMI) confirmed by ECG
- Acute MI (STEMI) with positive cardiac biomarkers and persistent chest, arm, jaw, shoulder pain or evidence of silent ischemia or anginal equivalent
- USA and persistent chest, arm, jaw or shoulder pain with rest angina or new onset <2 mos., lasting >20 minutes or increasing angina duration, frequency, intensity and ECG ST depression > 0.5mm or T wave inversion > 1mm or pacemaker rhythm

Interventions for STEMI or LBBB must be ordered:
- Beta blocker or Ca Channel blocker (includes po), administered or documented contraindicated
- Aspirin (includes po), administered or documented contraindicated
- Antiplatelet (includes po), administered or documented contraindicated
- Anticoagulant (includes po), administered or documented contraindicated
- Continuous cardiac monitoring (excluding Holter monitoring)
- Thrombolytic therapy
- IABP or VAD
- IV Meds: (one) Antiarrhythmic, Anticonvulsant, Antihypertensive, Beta Blocker, Calcium Channel Blocker, Diuretic, Insulin, Neuromuscular blocker, Vasoactive or inotrope administered continuously, by q 1-2 hour bolus, titration q 1-2 hrs. or titrated > q 2 hr. and monitoring < 24 hrs.