### ACUTE MI

- Use CCU/Cardiac Unit Patient Care Admit Orders Orderset 073B
- **Aspirin** on arrival (within 24 hrs)
- **Aspirin** prescribed at discharge
- **Beta Blocker** on arrival (within 24 hrs)
- **Beta Blocker** prescribed at discharge
- **ACE inhibitor** or **ARB** prescribed at discharge for patients with **LVSD** (documented moderate or severe Left Ventricular Systolic Dysfunction or Ejection Fraction(EF)<40%)
- **Thrombolysis** within 30 minutes of arrival
- **Smoking Assessed:** if smoked cigarettes in last 12 months, cessation education offered and documented
- **PTCA** within 90 minutes of arrival (ST segment elevation without thrombolytics)
- *Document any contraindications to beta-blocker, aspirin, ACE-I or ARB*

### PNEUMONIA

- Use Community Acquired Pneumonia Orders Orderset 222A
- **Oxygenation Assessment** within 24 hours of arrival (Pulse oximetry and/or ABGs)
- **Blood Cultures** w/in 24 hrs for all PN patients admitted to ICU. For patients admitted through ED-BC is drawn in ED prior to time of admission order & prior to 1st dose of antibiotic
- **Timely Antibiotics** within 4 hours of arrival to hospital (not unit)
- **Appropriate Antibiotic Selection**
  - **Non-ICU Patient**
    - Beta-lactam(IV or IM) + macrolide(IV/PO) Or Quinolone monotherapy(IV/PO) Or Beta-lactam(IV/IM) + doxycycline(IV/PO) Or Macrolide monotherapy(IV/PO) If β-lactam allergy:
    - Quinolone(IV) + Aztreonam (IV)
- **Flu/Pneumonia Vaccines Screening**
  - Documentation of Screening and, when applicable, documentation of Vaccine Administration
- **Smoking Assessed:** if smoked cigarettes in last 12 months, cessation education offered and documented

### HEART FAILURE

- Use CCU/Cardiac Unit Patient Care Admit Orders Orderset 073B
- **LVF or Echo Report** or Documentation of current or previous Left Ventricular Function (e.g., moderate, severe, or EF=___%)
- **ACE inhibitor or ARB** for **LVSD** (documented moderate or severe Left Ventricular Systolic Dysfunction or Ejection Fraction(EF)<40%)
- **Discharge Instructions**
  - Complete CHF specific discharge instructions in Logicare -must address all 6
    - follow-up instructions,
    - weight monitoring,
    - activity,
    - medications(all discharge meds)
    - diet and
    - what to do for worsening symptoms

### SCIP

- Use Core Measure compliant pre-op & post-op orders
  - Hip, Knee, Hyst, Colon, CABG, Cardiac, Vascular
- **Prophylactic Pre-op Antibiotics** to be given within one hour of surgical incision
  - All pre-op antibiotics to be administered in OR by the RN Circulator
  - Vancomycin & Levaquin only to be administered by IP or SAU nurse at the direction of RN Circulator
- **Appropriate Antibiotic Selection** for surgical procedure
- **Stop prophylactic** post-op antibiotics within 24 hours post surgery. Document if treating a known or possible infection.
- **Colorectal Normothermia -** Document 1st temp in PAR (within 90 minutes of arrival (ST segment elevation without thrombolytics))
- **Post-op Cardiac Surgery Serum Glucose** - 6 am glucose on post-op days 1 & 2 ≤ 200 mg/dl
- **Expanded Procedure List**
  - **Appropriate Hair Removal** – Use & chart method clippers—not razors
  - **Cardiac Care -** patients on Beta Blocker home med & no contraindications continue to receive BB within 24 hours prior to incision to discharge from PAR
  - **VTE Prevention** – order & initiate VTE prophylaxis if home meds do not include Coumadin and no contraindications to mechanical & pharmacological prophylaxis