**Mission: Lifeline Montana UA/NonSTEMI**

**Inter-Hospital Transfer Guideline**

**Benefis – Great Falls**

Phone: 1-800-972-4000 or 406-455-4320 Fax: 406-455-4584

**Billings Clinic - Billings**

Phone: 1-800-325-1774 Fax: 406-657-3843

**Bozeman Deaconess - Bozeman**

Phone: 406-414-1000 Fax: 406-414-5001

**Community Medical Center - Missoula**

Phone: 406-327-4171 Fax: 406-327-4504

**Kalispell Regional Medical Center - Kalispell**

Phone: 406-752-1733 Fax: 406-756-4717

**St. James Healthcare - Butte**

Phone: 1-844-202-2495 Fax: 406-723-2517

**St. Patrick’s Hospital - Missoula**

Phone: 1-888-878-7287 Fax: 406-329-5639

**St. Peter’s Hospital - Helena**

Phone: 406-444-2150 Fax: 406-447-2695

**St. Vincent’s Hospital - Billings**

Phone: 1-800-331-0222 Fax: 406-237-4125

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| UA/Non-STEMI Orderset for Transfer to PCI Receiving Center (1/2) | | |
| Initial Diagnosis: | | |
| Transfer to PCI Receiving Center via □ Air ambulance □ Ground ambulance  Accepting Physician: Destination Facility: | | |
| DATE/TIME  ORDERED | (Checked boxes indicate selection)  ECG within **5** minutes of arrival  Vitals every 5 min x 3, then every 10 min (with automatic BP and pulse oximetry)  NPO except for meds  Cardiac monitor  O2 at 2 liters/min via nasal cannula, to keep saturations ≥ 94%  Place saline lock IV in both upper extremities  Utilize PCI receiving center transfer checklist  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Intravenous fluids:**  0.9 NaCl @ 100 mL/hr  **Labs:**  CBC PLT W/Autodiff, BMP, PT/INR, PTT **all STAT;** Lipid profile  Troponin STAT  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Diagnostics:**  Portable CXR STAT  ECG, repeat for recurrent chest pain  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| UA/Non-STEMI Orderset for Transfer to PCI Receiving Center (2/2) | |
| DATE/TIME  ORDERED | (Checked boxes indicate selection)  **Medications:**  Aspirin chewable tablets 81 mg - 4 tablets – to total 324 mg PO NOW  Anticoagulant:  Heparin: IV bolus of 60 units/kg (max: 4000 units), THEN 12 units/kg/hr (max 1000 units/hr) as continuous IV infusion  **CHOOSE ONE:**  Pts <age 75: Enoxaparin (Lovenox) 30 mg IV Push NOW and 1 mg/kg SubQ at 30 minutes after and then q 12 hours  Pts ≥age 75: Enoxaparin (Lovenox) 0.75 mg/kg SubQ and Q 12 hours.  Clopidogrel (Plavix) 300 mg PO NOW ***OR***  **Ticagrelor ( Brilinta) 180 mg PO NOW**  **Nitroglycerin 0.4 mg SL PRN chest pain; administer every 5 minutes for up to 3 doses if no hypotension *(assess for Erectile Dysfunction medication usage within past 24-48 hrs)***  IV Nitroglycerin start pump infusion at 5-20 mcg/min, increase by 5 mcg/min q3-5 min up to 20 mcg/min, titrate PRN chest pain  **Metoprolol 25 mg PO NOW; avoid if SBP< 90 mm Hg, heart block/ bradycardia < 50 bpm, acute heart failure/shock, bronchospasm**  Morphine 2-4 mg IV PRN for chest pain if unrelieved by conventional therapy  Zofran 4 mg IV every 6 hours PRN nausea/vomiting  Integrilin 180 mcg/kg IV push then 2 mcg/kg/min (max rate 20 mL/hr); consider use of 2nd bolus (180 mcg/kg IV push, 10 min after first dose) in high-risk patients such as diabetics, mild troponin rise, hx of ACS. If CrCl <50 ml/min, start drip at 1 mcg/kg/min. |

**Physician’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date & Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| PCI Receiving Center Transfer Checklist |
| **Please complete/send to receiving facility:**  Administrative acceptance of receiving hospital  Documentation of care at sending facility (ie – labs, ECG, TIMI risk score, notes, etc)  Vital signs  Patient history:  Symptom onset time \_\_\_\_\_\_\_\_\_\_\_ Presentation time \_\_\_\_\_\_\_\_\_\_\_  Presentation signs/symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Documentation of the need for transfer to a higher level of care  Did the patient receive any of the following? If not, document contraindication:   |  |  |  | | --- | --- | --- | | **Medication** | **Time Administered** | **Contraindication** | | Aspirin |  |  | | Beta-blocker |  |  | | Heparin/enoxaparin/fondaparinux |  |  | | Nitrates, if indicated |  |  | | IIb/IIIa inhibitors |  |  | | Clopidogrel |  |  | |

**Person filling out form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date & Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact # for follow up questions: (406) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_**