

Delegation Protocol Number: 138

Delegation Protocol Title:

Chest Pain Control - Adult - Inpatient

Delegation Protocol Applies To:

Wisconsin Northern Illinois

Adult inpatient settings.

This does not apply to procedural areas.

Target Patient Population:

Adult inpatients experiencing new onset of chest pain and other warning signs of a heart attack.

Delegation Protocol Champion:

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Responsible Department:

Department of Medicine, Cardiology

Purpose Statement:

The purpose of this protocol is to delegate authority from the provider to Registered Nurses (RNs) to expedite the placing of orders needed to evaluate if an acute myocardial infarction is occurring.

Who May Carry Out This Delegation Protocol:

RNs

Guidelines for Implementation:

1. This protocol is initiated when a patient is experiencing new onset chest pain or discomfort or other warning signs of a heart attack. These include discomfort in other areas of the upper body including one or both arms, back, neck, jaw or stomach; shortness of breath, sweating, nausea, or lightheadedness.
2. Contraindications for this protocol are:
 - 2.1. Adult patients admitted to the American Family Children's Hospital
 - 2.2. OR and PACU patients
 - 2.3. Inpatients in procedure areas such as the Cath Lab, Radiology and GI Procedure Center
 - 2.4. Inpatients being treated off the unit and who are not accompanied by an inpatient RN

- 2.5. Palliative Care Service and patients receiving end of life care. (This protocol does apply to patients who have Do Not Resuscitate or No CPR orders.)
3. The RN utilizes the IP - Chest Pain Delegation Protocol - Adult - Supplemental [6228] order set to place orders and document:
 - 3.1. 12 Lead ECG (stat, once)
 - 3.1.1. When the ECG order is signed, it will automatically generate a page to the ECG tech (page contents includes the ECG priority of stat, patient name and patient location). If the ECG tech has not responded in 10 minutes, then page the tech at pager 8497
 - 3.1.2. If the ECG cart is readily available and the RN or tech is trained to use it, the RN or tech can obtain the ECG
 - 3.2. Cardiac monitoring (telemetry) with intermittent frequency for 12 hours (if not already in place)
 - 3.3. Peripheral IV (if not currently in place)
 - 3.4. Oxygen 2 liters by nasal cannula for oxygen saturation if less than 92%
4. The RN immediately notifies the patient's primary team that the chest pain protocol was used and that the stat 12 Lead ECG obtained via the protocol needs to be reviewed. RN documents the notification of the team via the SmartText UWIP Chest Pain/ECG Delegation Protocol.

Order Mode:

Cosign Required, Protocol/Policy

References:

1. O'Gara PT, Kushner FG, Ascheim DD, et al. 2013 ACCF/AHA guideline for the management of ST-elevation myocardial infarction: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines [published correction appears in *Circulation*. 2013 Dec 24;128(25):e481]. *Circulation*. 2013;127(4):e362-e425. doi:10.1161/CIR.0b013e3182742cf6. Accessed February 16, 2023.
2. Warning Signs of a Heart Attack. www.heart.org. <https://www.heart.org/en/health-topics/heart-attack/warning-signs-of-a-heart-attack>. Published December 5, 2022. Accessed February 16, 2023.
3. UW Health Clinical Policy #1.31 Caring for Adult & Pediatric Patients Requiring Cardiac Monitoring. Accessed February 16, 2023.

Collateral Documents/Tools:

1. IP - Chest Pain Delegation Protocol - Adult - Supplemental [6228] Order Set

Approved By:

UWHealth Nursing Practice Council: April 2023

UWHealth Clinical Knowledge Management Council: April 2023

UWHC Medical Board: April 2023

UW Health Chief Medical Officer: April 2023

UWHealth N. IL Chief Medical Officer: April 2023

UWHealth N. IL Chief Nursing Officer: April 2023

IP - Chest Pain Delegation Protocol - Adult - Supplemental [6228]

Intended for Adult Inpatients Only

Patient Care Orders

Respiratory [212789]

Oxygen Therapy [RT0032]

CONTINUOUS, Routine
 FiO2 (%) Titrate to Keep Sats \geq to ___%:
 O2 Liter Flow:
 Titrate oxygen to maintain O2 sat at (%): 92
 O2 Delivery Device: Nasal Cannula
 Attempt to Wean Off Oxygen?

Patient Monitoring [212790]

Cardiac Rhythm Monitoring - Adult
 [NURMON0010]

INTERMITTENT (MAY REMOVE WHEN OFF
 UNIT/BATHING) For 12 Hours, Routine, Telemetry
 Classes:

Class I

- Second or third degree heart block
- New onset or uncontrolled atrial fibrillation/flutter
- Postop patient with angina, new EKG changes, positive preop stress test, systolic blood pressure less than 90, or heart rate greater than 130
- Initiation of antiarrhythmic medications
- Drug toxicity with arrhythmia
- External pacemaker

Class II

- Acute MI or unstable angina
- Decompensated CHF
- Postop patient with history of CABG, PCI, or valve repair/replacement
- Symptomatic bradycardia (<45) or tachycardia (>120)
- Cardiac contusion
- Major ischemic/hemorrhagic stroke & potential arrhythmia
- Myocarditis or pericarditis
- Step down from CCU with recent cardiac/respiratory arrest

Class III

- Chest pain
- Syncope with abnormal assessment
- Syncope with normal exam, EKG, previously normal echo
- Post coronary angiography, ablation, or cardioversion
- Post defibrillator/pacemaker placement
- Other (Comment required)

Organization:

Notify Provider:

Functional Cardiac Defibrillator Present:

Documentation [385343]

Document via SmartText UWIP Chest Pain/ECG
 [NURCOM0022]

ONCE, Routine

Intravenous Therapy

Premedications for Needle Insertion [106310]

Use lidocaine topical dressing kit for stable patient, no lidocaine allergies, have at least 30 minutes time prior to needing to use IV

Sodium chloride (bacteriostatic) 0.9% intradermal: Useful for patients requiring urgent IV access; onset is immediate.

- | | |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> lidocaine (LMX) 4% topical dressing kit [66882] | Topical, EVERY 1 HOUR PRN, peripheral line insertion - see Admin Instructions
Do NOT apply to area greater than 200 square centimeters (maximum 2.5 g/site; maximum 4 sites per hour, 6 times per day). Do NOT leave on longer than 2 hours. Use for stable patient, no allergies to lidocaine, with at least 30 minutes time prior to IV use |
| <input checked="" type="checkbox"/> sodium chloride (bacteriostatic) 0.9 % injection [50585] | 0.05-0.1 mL, Intradermal, PRN, peripheral line insertion - see Admin Instructions
Use an insulin or TB syringe with a 25-30 gauge needle to inject solution and create a wheal. Wait 30 seconds to 1 minute then insert IV catheter into center of wheal. Use if IV is needed within 30 minutes. |

IV Fluids [212791]

- | | |
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| <input type="checkbox"/> Insert and Maintain Peripheral IV [NURVAD0013] | CONTINUOUS, Routine
Peripheral IV Size: RN Discretion
Does this need to be inserted/placed? Yes |
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Diagnostic Tests and Imaging

Diagnostic Tests and Imaging [212812]

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|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> ECG - 12 Lead [EKG0008] | ONCE For 1 Occurrences, STAT
Reason for exam: Chest Pain
Disclaimer for University Hospital Only: A Stat status for an ECG is in reference to the timing of the ECG. The goal is to perform a STAT ECG within 10 minutes of the order being placed. It is the responsibility of the ordering provider to review the STAT ECGs. All ECGs (stat or routine) will be formally reviewed within one business day. |
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