St. Luke's-Roosevelt Hospital Center

1042 FL
OFFICE DEPOT
PROOF 1
4/2/07

Advanced Cardiac Admissions Protocol (ACAP)

ADMISSION NOTE

To be completed on all Advanced Cardiac Admission Protocol patients

ADDRESSOGRAPH AREA

Demographics:

Age: _____ Gender: _____
Date: _____ Time of triage: _____
Race: ☐ Black ☐ White ☐ Hispanic ☐ Asian ☐ Other
Primary care physician: _____
Cardiologist (if any): _____
Admit to: Service: ☐ CCU service ☐ Medicine Team
Floor: ☐ Telemetry ☐ Non Telemetry ☐ CCU
☐ Teaching ☐ Non Teaching

History Of Present Illness:

Cardiovascular Risk Factors:
☐ Hypertension (yrs _____) ☐ Dyslipidemia (yrs _____)
☐ Diabetes (yrs _____) ☐ LDL > 130mg/dl
☐ Family Hx of early CAD ☐ HDL < 40mg/dl
Smoking: ☐ Active ☐ Ex-smoker ☐ Non-Smoker
Others:
- Prior MI ☐ Yes ☐ No Date (if yes): _____
- Prior PCI ☐ Yes ☐ No Date (if yes): _____
- Prior CABG ☐ Yes ☐ No Date (if yes): _____
- Known CHF ☐ Yes ☐ No Dat (if yes): _____
- Prior Imaging ☐ Yes ☐ No Date (if yes): _____

☐ 2D Echo ☐ Stress Echocardiogram ☐ Nuclear Test
Results: _____

Past Medical & Surgical History:

PMH: _____
Surgical: _____
Alcohol: _____ Allergies: _____
Substance Abuse: _____

Medications (Home):

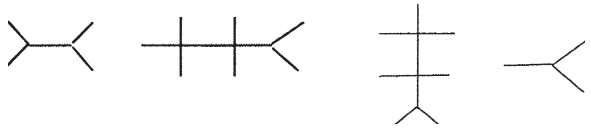
☐ Aspirin _____ ☐ Insulin _____
☐ Clopidogrel _____ ☐ Oral hypoglycemics _____
☐ Beta blocker _____ ☐ Anti Retroviral _____
☐ ACEI/ARB _____ ☐ Antibiotics _____
☐ Ca channel blocker _____ ☐ Nebulizer/inhalers _____
☐ Diuretic _____ ☐ Corticosteroids _____
☐ Digoxin _____ ☐ NSAIDS _____
☐ Aldosterone antagonist _____ ☐ Statins _____
☐ Others (please specify) _____

Physical Exam:

Height: _____ Weight: _____
Vitals: Pulse _____ BP _____ RR _____ Temp _____
HEENT: _____ Extremities _____
Respiratory System: _____
CVS: _____
Abdomen: _____
CNS: _____

Laboratory:

Troponin: 1st _____ 2nd _____ 3rd _____
CPK: 1st _____ 2nd _____ 3rd _____
CK-MB: 1st _____ 2nd _____ 3rd _____
Lipids: LDL _____ HDL _____ Tcholes_____
Triglycerides _____



BNP Levels: *(if drawn)* _____ HBA1c _____ (date) _____

Chest Xray: _____

Electrocardiogram:

Rhythm: ☐ Sinus (S) ☐ S Tachycardia ☐ S Bradycardia ☐ Afib
☐ Aflutter ☐ Paced ☐ Vtach ☐ Others _____
AV Conduction: ☐ 1° AVB ☐ 2° AVB ☐ 3° AVB ☐ IVCD
☐ RBBB ☐ LBBB
Rate: _____ QRS duration _____
Infarct Pattern: ☐ STEMI ☐ NSTEMI
☐ Inferior ☐ Posterior ☐ Anterior ☐ Septal ☐ Lateral
Maximal ST Change: _____ Elevation/Depression
Hypertrophy: ☐ LAE ☐ RAE ☐ RVH ☐ LVH ☐ LVH with strain
ST T Wave Changes: (NS = nonspecific)
☐ ST c/w Ischemia ☐ NS ST ☐ NS T
☐ NS ST & T ☐ Early Repolarization
Q Wave: Leads _____

Assessment & Plan:

Resident Name: _____
Beeper No: _____
Signature: _____