tgggzxc*Complete and submit to the corresponding drop box by 1600 on the assigned clinical day.

To Be Completed Before the Simulation

****** Blue boxes should be completed using textbook information. What do you expect to find? This information should be collected before you start the ATI simulation.

Medical Diagnosis/ Disease: _____Myocardial Infarction_____

NCLEX IV *(8)*: Physiological Integrity/Physiological Adaptation **NCLEX IV *(7)*: Reduction of Risk**

Anatomy and Physiology
Normal Structures

Heart
Four chambers – LA,LV,RA,RV
Composed of three layers
Endocardium inner
Myocardium middle
Epicardium outer
Pericardium
Blood flow-
Right side (unoxygenated):
SVC and IVC to right atrium to tricuspid valve to right ventricle to pulmonic valve to pulmonary artery to lungs
Left side (oxygenated):
Pulmonary veins to left atrium to mitral valve to left ventricle to aortic valve to systemic circulation
Two major coronary arteries
Left coronary artery branches:
Left anterior descending and left circumflex.
Supply blood to LA, LV, interventricular septum, and part of RV
Right coronary artery branches
Supplies blood to RA, RV, part of posterior LV.
AV node and bundle of His
Coronary veins—drain into coronary sinus.

Pathophysiology of Disease

Abrupt stoppage of blood flow through a coronary artery that causes irreversible myocardial cell death.
Acute coronary syndrome - Spectrum includes unstable angina, STEMI, NSTEMI.
Caused by **decline of once stable atherosclerotic plaque**, leads to thrombus.

STEMI - Caused by occlusive thrombus.
NSTEMI - Nonocclusive thrombus

Anticipated Diagnostics
Labs

Troponin
Myoglobin
CK-MB

Additional Diagnostics

EKG – ST elevation

NCLEX II *(3)*: Health Promotion and Maintenance **NCLEX IV *(7)*: Reduction of Risk**

Contributing Risk Factors

Age – middle aged men
African Americans
Family Hx
Genetics
Smoking
Elevated Lipids
Elevated BP
Inactivity
Obesity
Psychosocial (depression, stress, anger)
Substance abuse (cocaine, methamphetamines)

Signs and Symptoms

Pain - substernal, or epigastric areas; pain may radiate to neck, jaw, arms.
Mental status, shortness of breath, pulmonary edema, dizziness.
Diaphoresis.
Crackles
Jugular venous distention
Abnormal heart sounds S3 or S4
New murmur
Tachycardia
Hyper/hypotension

Possible Therapeutic Procedures

Non-surgical

Surgical

Cardiac Catheterization (PCI)

Atherectomy

CABG

Intra-aortic balloon pump

Prevention of Complications

(What are some potential complications associated with this disease process)

Dysrhythmias
Heart Failure
Pulmonary Edema
Thromboemboli
Cardiogenic Shock
Pericarditis
Dressler Syndrome
Ventricular Septal Rupture
Ventricular Aneurysm
Papillary Muscle Rupture

NCLEX IV *(6)*: Pharmacological and Parenteral Therapies

Anticipated Medication Management

Thrombolytics

ACE, ARBs, Calcium Channel Blockers, Statins, diuretics – Lasix. Positive Inotropic Agents – digoxin. Beta blockers, morphine, aspirin

NCLEX IV *(5)*: Basic Care and Comfort

Non-Pharmacologic Care Measures

Ultrafiltration or aqua pheresis
Mechanical Cardiac Assist Devices
Intra-aortic Balloon pump
VAD
Cardiac resynchronization therapy

NCLEX III *(4)*: Psychosocial/Holistic Care Needs

What stressors might a patient with this diagnosis be experiencing?

Anxiety

Client/Family Education

List 3 potential teaching topics/areas

• Diet and lifestyle changes. Low NA & fat diet, exercise.

• Adherence to medications and follow up appts.

• Cardiac Rehab

NCLEX I *(1)*: Safe and Effective Care Environment

Multidisciplinary Team Involvement

(Which other disciplines do you expect to share in the care of this patient)

Cardiologist
Primary care provider
Physical therapy
Dietitian

Anticipated Patient Problems, Goals, & Interventions Based on Medical Diagnosis

** This worksheet should be completed before you begin the ATI simulation.

Problem #1:____Acute Pain_____

Patient Goals:

1. ____Pt will have 0/10 chest pain in 2 hours._____
2. _Pain will resolve with pain medications within 30 minutes during my time of care.

Assessments:

- __Assess chest pain from 0-10 Q30 minutes during my time of care. _____

Interventions (In priority order):

1. _____Administer Morphine as ordered._____
2. _____Administer Nitro as ordered._____
3. ____Apply oxygen 2-6L to maintain Spo2 above 95% during my time of care. ____[____
4. ____Maintain bedrest for at least first 12 hours._____
5. _____Educate on side effects of morphine: including respiratory depression during my time of care. _____
6. ____Educate to report chest pain immediately upon onset._____

Problem #2:____Decreased Cardiac Output_____

Patient Goals:

1. __Pt HR will maintain between 60-100 during my time of care._____
2. __Pt will maintain urinary output of 30ml/hr or greater during my time of care._____

Assessments:

- ___Assess BP, and HR Q1 during my time of care._____

Interventions (In priority order):

1. __Maintain continuous cardiac monitoring during my time of care. _____
2. __Prepare for PCI as ordered._____
3. __Administer thrombolytics as ordered._____
4. __Administer betablockers, ACE inhibitors or ARBs as ordered._____
5. __Administer antiplatelet medications as ordered._____
6. __Obtain serial EKGs as ordered._____

At this time, complete assigned ATI Real Life Simulation

Actual Patient Problems & Goals

** The following should be completed after the ATI simulation.

Problem #1: ____Acute Pain_____

Patient Goals:

1. _____RD will have 0/10 chest pain 10 minutes after administration of morphine.___ Met ☐
   Unmet ☐
2. ___RD will maintain 0/10 chest pain during my time of care._____
   Met ☐
   Unmet ☐

Problem #2: _____Decreased Cardiac Output_____

Patient Goals:

1. _RD blood pressure will stay above 100/60 with a MAP of >60 during my time of care.__
   Met ☐
   Unmet ☐
2. ___RD urinary output will maintain >30ml/hr during my time of care._____Met ☐
   Unmet ☐

SOAP Notes Based on Priority Problems

Priority Patient Problem #1: ___Acute Pain_____

Subjective: *This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.*	**Chief Complaint: Chest Pain unrelieved by nitro** **PMH: HTN, CAD with angina, Asthma, Tobacco use, with occasional chewing tobacco.** **Allergies: PCN, peanuts, sulfa drugs** **Current Medications: Nitroglycerin sublingual tablet, lisinopril, albuterol**
Objective: *This section is your clinical observations. Include, pertinent vital signs, pertinent labs and diagnostics related to priority problem.*	**Vital Signs: 96/56, 104, 26, 94% on 4L NC.** **Labs: Troponin 0.06-0.09** **Diagnostics: EKG – prolonged P-wave, PVCs, ST elevation** **CXR – Aortic arch calcifications**
Assessment: *Focused assessment on your priority problem.*	**Chest pain 8/10 – tight** **Chest pain started while shoveling snow. Chest pain unrelieved by nitroglycerin.**
Plan ***Based on priority problem only** *Include what your plan is for the client. What treatments or medications are needed. You can include procedures, consults, labs/diagnostics, etc. What nursing interventions are being performed?*	**Plan:** **Morphine administered for pain, 2mg Q10 min for moderate to severe chest pain.** **Troponin now, and at 3 and 6 hours.** **Cardiac Catheterization ordered.** **Teaching/Resources:** **Lifestyle changes – diet, exercise** **Signs of MI**

Priority Patient Problem #2: ____Decreased Cardiac Output_____

Subjective: *This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.*	**Chief Complaint: Agitation/restlessness**
Objective: *This section is your clinical observations. Include vital signs, pertinent labs and diagnostics related to priority problem.*	**Vital Signs: 88/54, MAP 54, HR 96, RR** **Labs:** **Diagnostics: EKG – tachycardiac with PVCs**
Assessment: *Focused assessment on your priority problem.*	**Agitation, restless** **skin is cold and clammy.** **48ml/hr of urinary output decreased form prior.**
Plan ***Based on priority problem only** *Include what your plan is for the client. What treatments or medications are needed. You can include procedures, consults, labs/diagnostics, etc. What nursing interventions are being performed?*	**Plan:** **IV fluids NS @250ml/hr, maintain SBP above 90.** **Dobutamine 2.5mcg/kg/hr.** **Cardiac monitoring – watch closely for dysrhythmias.** **Teaching/Resources:** **Take medications as ordered.** **Follow up appts**

Reflection:

1. Go back to your Preconference Template:
    a. Indicate (circle, star, highlight, etc.) the components of your preconference template that you saw applied to the care of this virtual patient.

2. What was your biggest "take-away" from participating in the care of this patient? How did this impact your nursing practice?

_____My biggest take away from participating in this patient's care was that complications can arise that don't always line up with the original problem the patient was admitted with. When the patient had an allergic reaction to the contrast dye, this was somewhat unexpected as he does not have a history of this allergy and it was not related to the STEMI itself, but rather just the contrast used during the cardiac cath. Also, that I need to assess my patients because things can take a turn always thoroughly for the worse quickly. This impacted my nursing practice because I will now remember that an allergy to shellfish and contrast dye are related and to be on the lookout for this in patients that receive contrast dye. Also it was a good experience to see a STEMI patient in action as it is good to see what the care plan for this type of patient included instead of just on paper.

Time Allocation: 8 hours