

\*Complete and submit to the corresponding dropbox 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 Incident**

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

NCLEX IV (7): Reduction of Risk

<b><u>Anatomy and Physiology</u></b> <b><u>Normal Structures</u></b>	<b><u>Pathophysiology of Disease</u></b>	<b><u>Anticipated Diagnostics</u></b>
<p><u>Anatomy Structures:</u></p> <p>Superior and inferior vena cava, right atrium, tricuspid valve, right ventricle, pulmonic valve, pulmonary arteries, pulmonary veins, right atrium, mitral valve, left ventricles, aortic valve, aorta left subclavian artery, left common carotid artery, brachiocephalic trunk artery, left and right coronary artery.</p> <p><u>Physiology:</u></p> <p>Unxygenated blood that flows within the body returns to right atrium via the superior and inferior vena cava. The right atrium fills with unxygenated blood which then flows through the tricuspid valve and falls into the right ventricle. The right ventricle then contracts and pumps the deoxygenated blood through the pulmonic valve and into the pulmonary artery, the deoxygenated blood in this artery flows then is directed to the lungs where gas exchange then occurs, In the lungs the deoxygenated blood becomes oxygenated. This oxygenated blood returns to the heart via the pulmonary vein where the blood is dumped into the left atrium. Blood then flows through the mitral valve and into the left ventricle. When the left ventricle then contracts blood is sent through the aortic valve into the aorta for it to be split upon the branches located on the aortic arch, here blood flows through the body and provides oxygenated blood to tissues. From the aorta the coronary arteries are</p>	<p>An MI occurs when there is an abrupt stoppage of blood through the coronary arteries due to a thrombus. MI's can be classified as a STEMI (occlusive thrombus causing an ST-elevation) and NSTEMI (non-occlusive thrombus that doesn't not cause ST-elevation).</p>	<p><u>Labs</u></p> <p>Serum cardiac biomarkers (troponin &amp; creatine kinase) CMP CBC ABGs</p> <p><u>Additional Diagnostics</u></p> <p>Echo CXR 12 lead EKG H/P</p>

then supplied with oxygenated blood. The oxygenated blood within these coronary arteries then supplies the heart with oxygen.



**NCLEX II (3): Health Promotion and Maintenance**

**Contributing Risk Factors**

Low physical activity  
Diabetes  
Men and women >45YO  
Smoking  
Hyperlipidemia  
Obesity  
Hypertension

**Signs and Symptoms**

Increase HR,  
diaphoresis, cool clammy skin, confusion, restlessness, severe chest pain/tightness, pain that can potentially radiate to jaw, neck, arms and back.

**NCLEX IV (7): Reduction of Risk**

**Possible Therapeutic Procedures**

**Non-surgical**

Thrombolytics

**Surgical**

CABG  
ICD  
Cardiac catheterization

**Prevention of Complications**

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

Dysrhythmias, heart failure, dressler's syndrome, acute pulmonary edema, thromboembolism, and pericarditis

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

**Anticipated Medication Management**

ACE inhibitors  
Beta blockers  
Diuretics  
Nitroglycerin  
Morphine  
Oxygen

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

**Non-Pharmacologic Care Measures**

Low sodium diet  
Weigh daily  
Fluid maintenance  
Exercise

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

**What stressors might a patient with this diagnosis be experiencing?**

Lifestyle changes

**Client/Family Education**

**List 3 potential teaching topics/areas**

- Smoking cessation
- Eat a diet that is low in fat and sodium.
- Educate on the concept of time being tissue and when to go to the ED.

**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)

Nutritionist  
Cardiac Cath Team  
RN  
CNA  
Physician

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

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

**Problem #1:** Acute pain: Chest

Patient Goals:

1. Will use nonpharmacological and pharmacological mechanisms to relieve pain during my care.
2. Will state a pain goal that is realistic and achievable on the numeric pain scale and is reached during my time of care.

Assessments:

- Assess pain during my time of care, determine a pain goal during my care, assess pain per policy or after pain relief measures during my time of care, assess precipitating factors to the pain during my care, and assess what the patient uses to relieve pain during my care.

Interventions (In priority order):

1. Administer nitroglycerin sublingual PRN
2. Administer morphine IV push PRN
3. Educate about how to take sublingual medications during my care.
4. Apply oxygen via NC during episodes of pain during my time of care
5. Encourage maneuvers to relieve pain (Sitting up straight or deep breathing) during my care.
6. Educate about the numeric pain scale during my time of care

**Problem #2:** Risk for Decreased Cardiac Output.

Patient Goals:

1. Pt will have an Ejection Fraction > 60% during my time of care.
2. Pt will have warm skin, strong pulses, cap refill < 3 seconds, and a SBP >90mmHg during my care.

Assessments:

- Assess skin during my time of care, Assess VS q4H, Assess pulses in all extremities, Assess mental status during my care. Assess baseline ejection fraction. Assess urine output during my time of care.

Interventions (In priority order):

1. If necessary place pt on cardiac monitor during my care.
2. If necessary administer digoxin as ordered during my time of care.

3. Apply oxygen 2L via NC during my care.
4. Provide periods of rest and relaxation during my care.
5. If necessary administer diuretics as ordered during my care.
6. If necessary administer morphine PRN for pain or anxiety as ordered during my care.

**At this time, complete assigned ATI Real Life Simulation**

**Actual Patient Problems & Goals**

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

**Problem #1: Impaired Gas Exchange**

Patient Goals:

1. Pt will have an Ejection Fraction > 60% during my time of care. Met X  
Unmet
2. Pt will have warm skin, strong pulses, cap refill < 3 seconds, and a SBP >90mmHg during my care. Met X  
Unmet

**Problem #2: Acute Pain: Chest**

Patient Goals:

1. Will use nonpharmacological and pharmacological mechanisms to relieve pain during my care. Met X  
Unmet
2. Will state a pain goal that is realistic and achievable on the numeric pain scale and is reached during my time of care. Met X  
Unmet

**SOAP Notes Based on Priority Problems**

**Priority Patient Problem #1: Acute Pain: Chest**

<p><b><u>Subjective:</u></b></p> <p><i>This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.</i></p>	<p><b>Chief Complaint:</b></p> <p><b>PMH:</b></p> <p><b>Allergies:</b></p> <p><b>Current Medications:</b></p>
<p><b><u>Objective:</u></b></p> <p><i>This section is your clinical observations. Include, pertinent vital signs, pertinent labs and diagnostics related to priority problem.</i></p>	<p><b>Vital Signs:</b></p> <p><b>Labs:</b></p> <p><b>Diagnostics:</b></p>
<p><b><u>Assessment:</u></b></p> <p><i>Focused assessment on your priority problem.</i></p>	
<p><b><u>Plan</u></b>  <b><u>*Based on priority problem only</u></b></p> <p><i>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?</i></p>	<p><b>Plan:</b></p> <p><b>Teaching/Resources:</b></p>

**Priority Patient Problem #2: Impaired Gas Exchange**

<p><b><u>Subjective:</u></b></p> <p><i>This section explains the client symptoms. Include a narrative of the patient’s complaints/concerns and/or information obtained from secondary sources.</i></p>	<p><b>Chief Complaint:</b> “Feel like my chest is being squeezed and it’s hard to breathe”</p> <p>Allergies: shellfish, peanuts, sulfa, and penicillin</p> <p>PMH: HTN, CAD w Angina, and asthma</p>
<p><b><u>Objective:</u></b></p> <p><i>This section is your clinical observations. Include vital signs, pertinent labs and diagnostics <u>related to priority problem.</u></i></p>	<p><b>Vital Signs:</b> SaO2 – 87%</p> <p><b>Labs:</b> 1745 - pH 7.35 PaO2 88mmHg, PaCO2 40mmHg HCO3 26Eq/L SaO2 96%              0800 - pH 7.42 PaO2 88mmHg, PaCO2 40mmHg HCO3 26Eq/L SaO2 98%</p> <p><b>Diagnostics:</b> N/A</p>
<p><b><u>Assessment:</u></b></p> <p><i>Focused assessment on your priority problem.</i></p>	<p><b>Audible wheezing upon auscultation pt states he has been coughing currently on @ 15L nonrebreather. Nail beds are dusky seems to not be able to catch your breath assessment of lungs revealed stridor.</b></p>
<p><b><u>Plan</u></b>  <b><u>*Based on priority problem only</u></b></p> <p><i>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?</i></p>	<p><b>Plan:</b> experiencing an allergic reaction to the dye from Cath lab. Administer 25mg diphenhydramine IV for itching. And minister 0.3mg of epinephrine. continue to monitor for improvement with SaO2.</p> <p><b>Teaching/Resources:</b> be about shellfish allergies being associated with contrast dye reactions.</p> <p><b>Respiratory Therapist</b></p>

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**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 the care of this patient is you can never be too sure about all the information in the MHR, especially with this pt’s allergies. I feel like it is now important to ask further questions and ensure all data is up to date and correct. Another big take away I received was that when caring for clients you truly do not ever know what is going to occur next. One thing can lead to another so I will ensure I provide the best care possible. This will impact my nursing practice by how I will be conducting my assessments a little differently. I will ask many questions and whenever I hear important subjective data like ‘allergies’ I will ensure to document as needed. I will also administer medications appropriately/correctly to prevent potential pt harm.

Time Allocation: 8 hours
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Student Name: Nathaniel J. Signor  
ATI Real Life Scenario: MI

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