*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: _MI_____

NCLEX IV *(8)*: Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures

Right and left side of the heart separated by ventricular septum Blood enters the right atrium from the IVC AND SVC through the tricuspid valve into the right ventricle up into pulm. Valve into the lungs to be oxygenated then returned into the left atrium , the mitral valve LV , aortic valve, aorta and out to the body. The coronary arteries supply blood to the heart

Pathophysiology of Disease

Chronic stable angina
Unstable angina and NSTEMI partial blockages from a clot or plaque buildup in the arteries restricting blood flow to the heart. STEMI, ST elevation on an EKG is a total occlusion of the arteries to the heart leading to cell death/necrosis, decreased perfusion and death

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics
Labs

12 lead EKG
Troponin
CBC
CK-MB
Myoglobin
Catheterization
Additional Diagnostics
X ray and CT scan
ABGS

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

Contributing Risk Factors

HTN
Diabetes
High cholesterol/lipids
Smoking
Obesity/sedentary
Genetics
Cocaine

Signs and Symptoms

Chest pain
ST elevation
Epigastric pain/crushing
Increase HR and BP
JVD
N/V
Fever 100.4
Diaphoresis

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures

Non-surgical
Thrombolytics

Surgical
PCI

Prevention of Complications

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

Dysrhythmias
Thromboembolic
Acute pericarditis
Ventricular septal wall rupture
PE
Cardiogenic shock

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

Anticipated Medication Management
Beta blockers
CCB
Anticoagulants
Morphine
Nitro
Lasix
Digoxin
Ace inhibitors

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

Non-Pharmacologic Care Measures
Hydration
SCD's
Daily weight
Oxygen
Bed rest

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

What stressors might a patient with this diagnosis be experiencing?

Anxiety
Stress
Confusion
Fear

Client/Family Education

List 3 potential teaching topics/areas

- **Resting/healing time post MI**
- **report chest pain after PCI**
- **mediation regimen**

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)

PT/OT
Nurse
Surgeon
Pharmacy
Lab
Cardiologist
ENIT
ICU/ED staff

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

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

Problem #1: ___Decreased cardiac output

_____

Patient Goals:

1. _pt will be Hemodynamically stable, BP wnl, urinary output 30ml/hr or more , cardiac output wnl range my the end of my care

_____

2. _pt will show NSR on the ekg , absence of dysrhythmias by the end of my care

_____

Assessments:

- _HR and BP, I&O's, LOC, pain on numeric scale, pulses, and oxygen sats_____

  _

Interventions (In priority order):

1. _apply oxygen as ordered/indicated q shift

   _____

2. _IV access and administer IV fluids as needed q shift

   _____

3. _Administered nitroglycerin q 3-5mins for chest pain q shift

   _____

4. _apply SCDS q 8
   hr_____

5. __maintain a calm and quite environment q shift

   _____

6. __administer morphine as needed q shift

   _____

Problem #2:_____Deficent knowledge

_____

Patient Goals:

1. _pt will verbalize and teach back diet modifications (low salt) and medication regimen before discharge

_____

2. _pt will report signs and symptoms of an MI by discharge

_____

Assessments:

- _current knowledge, language barriers, readiness to learn, and LOC

  _____

Interventions (In priority order):

1. _Encourage smoking cessation if a smoker as needed q shift

   _____

2. Reinforce specific and potential risk factors as needed q shift

   _____

3. __educate the signs and symptoms of an MI

   _____

4. ____Educate the medication regime and possible sign effects as needed q shift

   _____

5. __encourage moderate activity such as walking once discharged q shift

   _____

6. __educate on monitoring pulses daily once discharge as needed q shift

_____

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:

Mr. Davis denies chest pain post catheterization and by discharge_____
_Met -YES

Unmet ☐

2. __Mr. Davis HR and BP wnl , denies SOB, RR within normal 12-20 by discharge _____ Met-**YES☐**

Unmet ☐

Problem #2: __Deficient Knowledge

_____

Patient Goals:

1. Mr. Davis give examples of low sodium foods to eat at home upon discharge _____
Met ☐YES

Unmet ☐

2. __Mr. Davis identifies his modifiable risk factors and medication side effects by discharge _____ **Met -YES☐**

Unmet ☐

SOAP Notes Based on Priority Problems

Priority Patient Problem #1: _Acute Pain: rt STEMI/MI_____

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, quit smoking a month ago.** **Allergies: shellfish/iodine, sulfa, penicillin** **Current Medications: Nitro sublingual**
Objective: *This section is your clinical observations. Include, pertinent vital signs, pertinent labs and diagnostics related to priority problem.*	**Vital Signs: 110/82, p96, rr28, spo292%. BP, RR, and pulse q 5mins pain 08/10** **Labs: Troponin0.2 &0.06, cardiac enzymes, lactic acid 0.6, CK 0Meq** **Diagnostics: EKG-st elevation**
Assessment: *Focused assessment on your priority problem.*	**Cardiac and respiratory assessment. HR, BP, oxygen saturation, pain, and pulses** **Chest tightness, and difficulty breathing unrelieved by 3 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: PCI** **Post catheterization assessment at the site of insertion** **Troponin at 3 and 6 hours** **Education of ace inhibitors** **Monitor urine output.** **Distal pulses** **Reassess pain**

	Teaching/Resources: diet modification, ace inhibitors, and clopidogrel upon discharge

Priority Patient Problem #2: __Deficient knowledge
_____

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:** Reports liking to eat out. Mr. Davis and his wife like steak. Asking questions about how to limit salt. Mr. Davis doesn't understand why he is taking clopidogrel.
Objective: *This section is your clinical observations. Include vital signs, pertinent labs and diagnostics related to priority problem.*	**Vital Signs: BP 88/56 RR14, CVP 8** **Labs: Cholesterol 324, sodium 140, k+ 3.6** **Diagnostics: n/a**
Assessment: *Focused assessment on your priority problem.*	Mr. Davis didn't report any allergies to shellfish prior to catheterization with contrast and cause a reaction leading to additional issues such as the cardiogenic shock. Lacking understanding but readiness to learn how to modify his diet is apparent. Assess modifiable and non-modifiable risk factors with Mr. Davis Doesn't understand why he needs to take clopidogrel.
Plan ***Based on priority problem only**	**Plan: Medication education, reinforcing compliance. Alternative to low salt while still adding flavor to foods and making them more**

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?	**enjoyable** **Teaching/Resources: Nutritionist /home health/meal on wheels** **Dash diet** **Reporting side effect of lisinopril such as dry cough. Staying hydrated and managing HTN**

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 caring for this patient is how important it is to get patients with a STEMI to the Cath lab with 60-90mins or less and open the blockage, time is tissue. Carl's good assessment skills caught his allergic reaction and that he was going into cardiogenic shock. Assessing allergies prior a catheterization could of prevented his reaction and it was important that Mr. Davis was educated to notify his providers for the next time he may need a catheterization and to hold the contrast dye. Always assess your patient and critically think, remember the complications for a disease process or after procedures so you can be proactive when caring you're your patients, preventing any life threating complications or death. _This impacted by nursing practice by showing me a real-life scenario that I could potentially see, and I will now be more aware of what that may look like and why when someone comes into the ED with chest pain that will be a level one priority above something else such as noncompliance with mediation or nausea. Knowing what cardiogenic shock looks like, the signs and treatments will help my nursing practice and allow me to think critically why is my patients' blood pressure decreasing post catheterization for a STEMI or why their level of consciousness has changed and their respirations have increased , urine output has decreased and the skin is cool and clammy.

Time Allocation: 8 hours