*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.

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

Anatomy and Physiology

Normal Structures

IVC/SVS-bring blood to heart
-Right Atrium-received blood from IVC/SVC and contracts to send blood to Right ventricle through tricuspid valve
-Right Ventricle-Pumps blood to the lungs through the pulmonic valve and pulmonary arteries
-Lungs-Oxygenates blood
-Left Atrium-receives blood from lungs and pumps through the mitral valve
-Left Ventricle-pumps blood to the aorta for systemic circulation through Aortic valve
-Aorta-pumps blood to the rest of the body
-Coronary arteries-supply oxygenated blood to the heart
-SA node-pacemaker of the heart
-AV node-intercepts signal from SA node, delays ventricle contraction

Pathophysiology of Disease

-Plaque builds up in the arteries
-A plaque ruptures and occludes one of the coronary arteries
-Blood flow is stopped through the blocked coronary artery
-Heart muscle is not being oxygenated and leads to myocardial cell necrosis

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics

Labs

BNP
Troponins
CK-MB
Myoglobin

Additional Diagnostics

EKG-STEMI elevation of 1mm or more. T wave (ischemia) and q wave inversion (necrosis)

Cardiac Cath

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

Contributing Risk Factors

-Smoking
-Elevated lipids
-Elevated BP
-Obesity
-DM
-Substance abuse
-Middle aged men
-Family history

Signs and Symptoms

-Chest pain for 20 minutes or longer
-Back pain/jaw pain, loss of appetite
-Change in mental status, SOB, Pulmonary edema, dizziness
-Diaphoresis
-Cool, clammy skin
-JVD, crackles, New murmur, abnormal heart sounds
-N/V, fever

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

Thrombolytics
O2
Medication-Morphine, Nitro, ASA

Surgical

PCI
CABG
Atherectomy

Prevention of Complications

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

Dysrhythmias
Heart Failure
Acute pulmonary edema
Thromboemobli
Ventricular Septal wall rupture
Ventricular Aneurysm
Cardiogenic shock
Papillary Muscle rupture

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

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

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

Anticipated Medication Management	Non-Pharmacologic Care Measures	What stressors might a patient with this diagnosis be experiencing?
Morphine Oxygen Nitro ASA Heparin	Supply o2 Sit HOB up Maintain bed rest	Chest pain Anxiety Fear of dying Fear of complications

Client/Family Education

List 3 potential teaching topics/areas

- Restrict activity after MI until cleared by doctor
- Educate on not taking Nitro with Viagra
- Educate on taking ASA to prevent clots

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)

Doctor, Cardio specialists, Cath lab, Pharmacy, Family

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. The patient will maintain a cardiac healthy diet throughout my care.
2. The patients heart rate will remain between 60-100 throughout my care.

Assessments:

- Vitals q4h. Assess lung sounds/heart sounds q shift and prn pain/SOB. Assess capillary refill q shift. Assess rate, depth, and rhythm of pulse q4h. Assess Urinary output q4h.

Interventions (In priority order):

1. Administer ASA as ordered throughout my time of care.
2. Administer Nitrate as ordered throughout my care.
3. Administer O2 when sats fall below 93%.
4. Encourage high fowlers position throughout my time of care.
5. Assist with ambulation as needed throughout my time of care.
6. Encourage periods of rest after activity q4h.

Problem #2: Acute Pain: Chest

Patient Goals:

1. The patient will state to have 0 chest pain of 10 by the end of my care.
2. The patient will maintain an 02 sat of greater than 93% throughout my care.

Assessments:

- Assess pain PQRST q4h and prn pain. Assess O2 sat q4h. Assess vitals q4h. Assess for signs of pain (grimacing, guarding, etc) q4h.

Interventions (In priority order):

1. Administer analgesics as ordered throughout my care.
2. Administer morphine sulfate as ordered throughout my care.
3. Administer O2 when sats fall below 93%.
4. Monitor EKG throughout my care.
5. Educate the patient to report pain as soon as it starts during my time of care.
6. Provide a calm environment throughout 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: Acute Pain: Chest

Patient Goals:

1. Mr. Davis will not have any chest pain by the end of my care. Met ☐ Unmet ☐
2. Mr. Davis will verbalize ways to modify his lifestyle to better his health. Met ☐ Unmet ☐

Problem #2: Impaired Gas Exchange

Patient Goals:

1. Mr. Davis will have an O2 sat greater than 93% by the end of my care. Met ☐ Unmet ☐
2. Mr. Davis will not present with wheezing or stridor by the end of my care. Met ☐ Unmet ☐

SOAP Notes Based on Priority Problems

Priority Patient Problem #1:Acute Pain: Chest_____

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** **PMH: HTN, CAD, Angina, Smoking** **Allergies: Penicillin, Peanuts, Sulfa** **Current Medications: Nitroglycerin sublingual tablets, Lisinopril, Albuterol inhaler**
Objective: *This section is your clinical observations. Include, pertinent vital signs, pertinent labs and diagnostics related to priority problem.*	**Vital Signs: 104 HR RR 22 BP 102/68 O2 97% 4L NC at 1735** **Labs: CK 0 Troponin T 0.2 Troponin 1 0.06 Lactic Acid 0.6** **Diagnostics: EKG showed ST elevation, STEMI, Chest X-RAY shows calcification on aorta and aortic arch.**
Assessment: *Focused assessment on your priority problem.*	**Rates pain at a level of 8/10, states Nitroglycerin has not been able to help the pain. Describes pain as a squeezing in his chest. HR elevated at 104, RR 22, currently on 4L NC.**
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*	**Plan:** **Get Mr. Davis to the cath lab to have a PCI.** **Administer morphine as needed for pain.**

nursing interventions are being performed?	**Teaching/Resources:** **Taught about what a PCI is and how it will resolve chest pain.** **Taught about modifiable risk factors to change in Mr. Davis life (exercise, diet, etc).** **Resources: Dietitian**

Priority Patient Problem #2: Impaired Gas Exchange

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: Difficulty breathing** **"I cannot seem to catch my breath", reports irritation cough and congestion.** **PMH: Smoking, Asthma** **Allergies: Penicillin, Peanuts, Sulfa, (Seaford/contrast)** **Current Medications: Nitroglycerin sublingual tablets, Lisinopril, Albuterol inhaler**
Objective: *This section is your clinical observations. Include vital signs, pertinent labs and diagnostics related to priority problem.*	**Vital Signs: HR 116 RR 32 87% O2 on non rebreather mask Arterial BP 155/98** **Labs: Hgb 14.0 Hct 46%** **Diagnostics: Tachy with PVC's**
Assessment: *Focused assessment on your priority problem.*	**Wheezing and intermittent stridor heard, appears ashen and dusky nailbeds.**
Plan ***Based on priority problem only**	**Plan:** **Gave 25mg IV bolus PRN q4h for itching.** **Increase O2 from 2L to 4L**

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?	**Teaching/Resources:** **Taught about alerting doctors about having a shellfish/contrast dye allergy.** **Resources: Respiratory therapist**

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 takeaway from participating in the care of this patient is that even when one problem is fixed, there is always a chance of another problem (or more) appearing. The patients first problem was his acute chest pain, which was treated after the cardiac cath. After the cardiac cath, it appeared he had shortness of breath and wheezing from an allergic reaction to the contrast used. After his allergic reaction was solved with Benadryl, he developed a hematoma that was marked and reported on. After the bleeding stopped, he showed signs of cardiogenic shock, and was treated for that with Norepi.

By watching the scenario play out with multiple complications, I was able to understand that even though one issue may resolve, more may come so I always need to be monitoring and assessing my patient. There were multiple times where the nurses assessment of vitals, patient condition, and quick thinking have saved the patient (such as during the allergic reaction and cardiogenic shock). If the nurse had not maintained proper assessment and monitoring, the outcome of the patient could have been a lot worse.

Time Allocation: 8 hours