

*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

- Four chambers: Right & left atria, right & left ventricle
- Blood flows in through the IVC & SVC to the right atria, through the tricuspid valve into the right ventricle then through the pulmonic valve into the pulmonary artery, to the lungs where oxygen and carbon dioxide are exchange, the blood then flows back through the pulmonary vein into the left atria, through the mitral valve down into the left ventricle where it is then pushed through the aorta to the rest of the body as well as the coronary arteries (RCA, LCA, LCx, LDA) which supply blood to the myocardium.
- The heart is composed of three layers the endocardium, myocardium and epicardium which is surrounded by the pericardial sac.

Pathophysiology of Disease

- An abrupt stoppage in blood through a coronary artery that causes irreversible myocardial cell death typically caused by plaque rupture, coronary artery thrombosis or coronary artery spasm
- The blockage can be complete causing a STEMI which involves the entire thickness of the myocardium or can be caused by an NSTEMI which typically starts in the subendocardium

NCLEX IV (7): Reduction of Risk

Anticipated Diagnostics
Labs

- Troponin
- Ck-MB
- Myoglobin
- CBC
- BMP

Additional Diagnostics

- EKG
- H&P
- Cardiac Cath

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

- Age, gender, ethnicity, family hx, genetics
- Smoking
- Elevated lipids, elevated BP, obesity, diabetes, depression, stress, anger, cocaine, methamphetamines

Signs and Symptoms

- Heavy, crushing pain in substernal/epigastric areas with possibly radiating to jaw and arms
- Diaphoresis, ashem, clammy skin
- Increased HR and BP, JVD, New heart murmur
- N/V
- Fever

NCLEX IV (7): Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

- Oxygen
- Thrombolytics

Surgical

- PCI
- Atherectomy

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

- Dysrhythmias
- Heart failure
- Acute pulmonary edema
- Thromboemboli
- Pericarditis
- Cardiogenic shock

			<ul style="list-style-type: none"> - Ventricular aneurysm - Papillary muscle rupture
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NCLEX IV (6): Pharmacological and Parenteral Therapies

Anticipated Medication Management

- IV nitroglycerin
- IV morphine
- Aspirin & Plavix
- Heparin
- Glycoprotein IIB/IIIA Inhibitors
- Beta blockers
- ACE inhibitors/ARBs
- Amiodarone
- Statins
- Stool Softener

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

- Bed rest
- Increasing activity slowly
- Cardiac rehab

NCLEX III (4): Psychosocial/Holistic Care Needs

What stressors might a patient with this diagnosis be experiencing?

- Lifestyle changes
- Scared
- Decreased abilities
- Out of work

Client/Family Education

List 3 potential teaching topics/areas

- Will be on statin indefinitely
- Low sodium diet
- Rehab will help but heart will never completely recover from damage

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)

- Paramedics
- Cardiologist
- ICU nurse
- Hospitalist
- Nephrologist
- Cardiac rehab

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 Pain

Patient Goals:

1. Patient will verbalize a pain level of 0/10 during my time of care.
2. Patient will maintain a HR between 60 – 100 bpm during my time of care.

Assessments:

- Assess pain PQRST q 2 hrs; Assess response to pain medications PRN; Assess facial expressions r/t pain q 2hrs; Assess HR q2hrs; Assess BP q2hrs; Assess RR q 2hrs; Assess cardiac markers PRN; Assess nonverbal signs of pain q 2hrs & PRN

Interventions (In priority order):

1. Administer oxygen to maintain SpO2 >93% q shift.
2. Maintain patent PIV site q shift.
3. Administer aspirin 81mg PO as ordered q shift.
4. Maintain continuous cardiac monitoring q shift.
5. Administer morphine IV as ordered q shift.
6. Administer nitroglycerin IV as ordered q shift.

Problem #2: Deficient Knowledge: Myocardial Infarction

Patient Goals:

1. Patient will verbalize the need for low sodium meals as part of a cardiac diet during my time of care.
2. Patient will verbalize the purpose for cardiac rehab upon discharge during my time of care.

Assessments:

- Assess LOC q 2 hrs & PRN; Assess receptivity to learn q shift & PRN; Assess SpO2 q 2hrs; Assess readiness to learn q shift; Assess current knowledge q shift; Assess education level q shift; Assess pain PQRST PRN

Interventions (In priority order):

1. Educate on medication adherence q shift and PRN.
2. Educate on modifiable risk factors such as smoking and diet q shift.
3. Educate on purpose of stool softeners to prevent bearing down q shift and PRN.
4. Educate on decreased activity for 1-2 weeks post PCI q shift.
5. Educate on adherence to cardiac rehab and purpose q shift.
6. Educate on risks post PCI including bleeding or swelling at catheter insertion site 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: Chest

Patient Goals:

1. ___Patient will report maintaining a pain level of 0/10 post cardiac cath during my time of care.____ **Met**
Unmet
2. ___Patient will maintain a heart rate between 60 to 100 bpm post cardiac cath during my time of care.____ **Met**
Unmet

Problem #2: Impaired Gas Exchange

Patient Goals:

1. ___Patient will maintain an SpO2 above 92% during my time of care. _____ **Met**
Unmet
2. _____Patient will maintain a RR between 12-20/min during my time of care. _____ **Met**
Unmet

SOAP Notes Based on Priority Problems

Priority Patient Problem #1: Acute Pain: Chest

<p><u>Subjective:</u></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>Chief Complaint: Chest pain starting at 1625 EKG monitor via EMS: prolonged P wave, PVCs, ST elevation</p> <p>PMH: CAD w/ angina, HTN, asthma, quit smoking 1 month ago & chews tobacco occasionally</p> <p>Allergies: PCN, peanuts, sulfa</p> <p>Current Medications: 325 mg aspirin Nitroglycerin SL 0.4mg Lisinopril Albuterol inhaler</p>
<p><u>Objective:</u></p> <p><i>This section is your clinical observations. Include, pertinent vital signs, pertinent labs and diagnostics related to priority problem.</i></p>	<p>Vital Signs: 1722: 104, 26, 96/56, 94% 4L/minNC Pain 8/10 1725: 106, 24, 100/66, 96% 4 L/minNC, pain 8/10 1730: 102, 22, 98/60, 96% 4LNC, Pain 8/10 1735: 104, 22, 102/68, 97% 4LNC, Pain 8/10 1740: 102, 24, 100/56, 95% 4LNC, Pain 8/10 1745: 100, 22, 102/58, 96% 4LNC, Pain 8/10</p> <p>Labs: Troponin T: 0.2 ng/mL, 0.4 ng/mL, 0.6 ng/mL, 0.8ng/mL Troponin I: 0.06 ng/mL, 0.07 ng/mL, 0.08 ng/mL, 0.09 ng/mL Potassium: 3.6 mEq/L, 3.2 mEq/L, 3.2 mEq/L, 3.4 mEq/L pH: 7.35, 7.40, 7.42 PaO2: 88mmHg, 88mmHg, 88 mmHg PaCO2: 40mmHg, 42 mmHg, 40 mmHg HCO3-: 26 mEq/L, 26 mEq/L, 26 mEq/L SaO2: 95%, 98%, 98% Cholesterol: 324mg/dL, 322 mg/dL</p> <p>Diagnostics:</p>

	<p>EKG – ST elevation PTCA: Stent placement in LAD coronary artery CXR: No fluid or pneumothorax, heart situated in anterior chest under sternum with no enlarged heart shadows, no rib fractures or tumors, the aorta and aortic arch has calcification and appears intact with no dilation of the artery</p>
<p>Assessment: <i>Focused assessment on your priority problem.</i></p>	<p>Chest pain/tightness 8/10, SOB, dizzy, nausea</p>
<p>Plan *Based on priority problem only <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>Plan:</p> <ul style="list-style-type: none"> - Telemetry monitoring continuously - BP, HR, RR q5min - 12-lead EKG STAT - Saline lock IV access device & flush with 0.9% NaCl 12 mL q8hr & PRN - Titrate O2 delivery to maintain oxygen sat at 96% or greater per NC or NRB mask - CXR, MRI - Troponin, CMP, CBC, ABGs - Administer morphine 2mg IV q10min for moderate to severe pain - Potassium and creatinine blood draw - Cardiac enzymes, CMP, aPTT, PT/INR - Lisinopril 10mg PO - Plavix 75mg PO - ASA 325 mg PO - Amlodipine 5mg PO - EKG stat on arrival to ICU - Troponin T Now, then 3 hr, and 6 hr - Continuous tele monitoring and arterial blood pressure monitoring - VS q15min for 1 hr, q30min for 1 hr, then every hour - Notify provider if having CP or tightness - Potassium 20 mEq PO BID <p>Teaching/Resources:</p>

	<ul style="list-style-type: none"> - Cardiac cath method, PCI and stent meaning - Cardiac risk factors: obesity, smoking, HTN, DM, sedentary - Decreased sodium intake
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Priority Patient Problem #2: ___ Impaired Gas Exchange _____

<p>Subjective:</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>Chief Complaint:</p> <p>SOB, cough “Coming down with cold”</p>
<p>Objective:</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>Vital Signs: 1722: 104, 26, 96/56, 94% 4L/minNC 1725: 106, 24, 100/66, 96% 4 L/minNC 1730: 102, 22, 98/60, 96% 4LNC 1735: 104, 22, 102/68, 97% 4LNC 1740: 102, 24, 100/56, 95% 4LNC 1745: 100, 22, 102/58, 96% 4LNC 1930: MAP 54, Arterial BP 88/54, drop in UO – 48mL/hr 2023: 96% 4L/min NC, 90/60 2025: 96% 4L/min NC, 92/60 2028: 96% 4L/min NC, 96/56 2030: 96% 4L/min NC, 98/56 2040: 96% 2L/min NC, 96/56</p> <p>Labs: RBC: 5.2, 4.8 Hgb: 15.9g/dL, 14.8g/dL, 14.0g/dL CO2: 24 mEq/L, 24 mEq/L pH: 7.35, 7.40, 7.42 PaO2: 88mmHg, 88mmHg, 88 mmHg PaCO2: 40mmHg, 42 mmHg, 40 mmHg HCO3-: 26 mEq/L, 26 mEq/L, 26 mEq/L SaO2: 95%, 98%, 98%</p>

	<p>Diagnostics: CXR: No fluid or pneumothorax, heart situated in anterior chest under sternum with no enlarged heart shadows, no rib fractures or tumors, the aorta and aortic arch has calcification and appears intact with no dilation of the artery</p>
<p>Assessment: <i>Focused assessment on your priority problem.</i></p>	<ul style="list-style-type: none"> - Itchy over arm and chest post PCI; “ate shrimp once and my tongue swelled so I never ate it again” - Started coughing, SOB, “coming down with cold,” - Lungs wheezing, 15L/min 87%, intermittent stridor, skin ashen, nails dusky, distressed, called rapid response, RR 32, HR 116, 155/98 - Agitation & restlessness, cold and clammy skin, drop in UO – 48mL/hr -
<p>Plan *Based on priority problem only <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>Plan:</p> <ul style="list-style-type: none"> - Admin epinephrine 0.3mg IM - 0.9% NaCl 1000mL, administer 300mL bolus then 100mL/hr - admin 25 mg Benadryl IV, NRB 15L/min - Titrate O2 delivery to maintain oxygen sat at 96% or greater per NC or NRB mask - CXR - Naloxone 0.2 mg IV bolus PRN every 2 to 3 min if RR is below 10/min or if oversedated from morphine - Albuterol inhaler 2 puff PRN for asthma - Diphenhydramine 25 mg IV bolus PRN q4hr for itching or restlessness - Continuous tele monitoring and arterial blood pressure monitoring - BP and RR q5min - Epinephrine 0.3 mg IM STAT and PRN every 10 to 15 min <p>Teaching/Resources:</p> <ul style="list-style-type: none"> - Modifiable risk factors: cigarette smoking,

	sedentary lifestyle
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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 that things can change very quickly, the main concern a patient initially presents with can be fixed just for another major issue to appear. This will impact my nursing practice because it is a reminder to always be aware of patients baseline and that timely focused assessments are critical for patient care.

Time Allocation: 8 hours

Student Name _____Emily Joynt_____

ATI Real Life Scenario_____MI_____

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