

ATI Real Life Student Packet
N202 Advanced Concepts of Nursing
2024

Student Name: Rita Thompson

ATI Scenario: MI

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: MI

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures

Deoxygenated blood enters the heart through the IVC and SVC. And then it goes to the right atrium, through the tricuspid valve and then to the right ventricles. From here it goes through the pulmonic valve to the pulmonic arteries where it reaches the lungs and becomes oxygenated. It then goes through the pulmonary veins to the left atrium, through the mitral valve to the left ventricle. From there it goes through the aortic valve to the aorta to the body. There are 3 layer to the heart. The endocardium is the inner most layer, the myocardium is the middle layer and the epicardium is the outer most layer. The pericardium is the fibrotic sac that covers the heart. There are 2 layer, The visceral layer which is the thin inner layer and the parietal layer which is the tough outer layer. There are 10-15 ml of fluid that lies between these layer to keep it lubricated. There are 2 major coronary arteries. The left coronary artery branch has the left anterior descending and left circumflex and it supplies blood to the left atrium and left ventricle, interventricular septum and part of the right ventricle. The right coronary artery branch supplies blood to the right atrium, right ventricle, part of the posterior left ventricle, AV node and Bundle of HIS.

NCLEX IV (7): Reduction of Risk

Pathophysiology of Disease

MI is when some of the heart muscle dies. It is usually caused by plaque build up in your coronary arteries. When we get this plaque build up it decreases blood flow to the myocardium in our heart. The plaque in the arteries is called atherosclerosis. When this plaque breaks off a blood clot forms and this is the cause of the heart attack. There is complete occlusion in MI. There isn't enough O₂ getting to the heart and then that is when we have a heart attack. The decreased oxygen to the heart causes cell death. Irreversible damage can happen withing 30 minutes of the blockage. Angina is when there is plaque but there is only decreased blood flow to the heart. STEMI full thickness infarct where you will see ST elevation on a EKG and an NSTEMI is a full thickness infarct where it is possible to see ST depression on an EKG. A STEMI/ MI is a medical emergency.

To Be Completed Before the Simulation

Anticipated Patient Problem: Decreased cardiac output

Goal 1: Pt will have urine output of at least 30 ml/h during my time of care

Relevant Assessments (Prework) What assessments pertain to your patient's problem? Include timeframes	Multidisciplinary Team Intervention (Prework) What will you do if your assessment is abnormal?
Assess HR and B/P hourly	Administer beta blockers as ordered during my time of care
Assess strict urinary I & O's hourly, Assess cap refill q4h	Administer calcium channel blockers as ordered during my time of care
Assess for edema q4h	Administer diuretics as ordered during my time of care
Assess O2 status continuously	Provide O2 as needed based on O2 status
Assess cardiac enzymes daily	Administer statins as ordered during my time of care
Assess LOC q4h	Reorient them to the time, and situation, keep clock and calendar in the room updated

Goal 2: Pt will have cap refill less than 3 during my time of care

To Be Completed Before the Simulation

Anticipated Patient Problem: Acute pain: Chest

Goal 1: Pt will have a chest pain score of 0/10 during my time of care

Relevant Assessments	Multidisciplinary Team Intervention
(Prework) What assessments pertain to your patient's problem? Include timeframes	(Prework) What will you do if your assessment is abnormal?
Assess pain level on a 0-10 pain scale	Administer morphine as ordered during my time of care
Assess pain level with activity during my time of care	Provide plenty of time to complete ADL's during my time of care
Assess PQRST of pain during my time of care	Administer Aspirin as ordered during my time of care
Assess vitals signs q4h (BP/HR)	Provide a calm quiet environment to decrease any extra anxiety during my time of care
Assess ECG at all times esp. during painful episodes	Administer Nitro during my time of care
Assess O2 continuously	Administer oxygen as ordered during my time of care

Goal 2: Pt will have a BP (within 10-20 mmHg of baseline) and HR (60-100) within normal limits during my time of care

To Be Completed During the Simulation:

Actual Patient Problem: Acute pain: substernal

Clinical Reasoning: Pt had chest tightness that wasn't relieved with nitro, pain level was 8/10

Goal: Pt will have a pain score of 0/10 during my time of care

Met: Unmet:

Goal: Pt will have a BP (within 10-20 mmHg of baseline) and HR (60-100) within normal limits during my time of care

Met: Unmet:

Actual Patient Problem: Decreased cardiac output

Clinical Reasoning:

Goal: Pt will have urine output of at least 30 ml/h during my time of care

Met: Unmet:

Goal: Lung sounds will remain clear during my time of care

Met: Unmet:

Additional Patient Problems:

3: Risk for bleeding

4. risk for allergy reaction

Below will be your notes, add more lines as needed. **Relevant Assessments:** Indicate pertinent assessment findings. **Multidisciplinary Team Intervention:** What interventions were done in response to your abnormal assessments? **Reassessment/Evaluation:** What was your patient's response to the intervention?

Patient Problem	Time	Relevant Assessments	Time	Multidisciplinary Team Intervention	Time	Reassessment/Evaluation
1	1655	Came in the house with chest pain after shoveling snow	1700	3 doses of Nitro given by wife		Pain unrelieved, Aspirin 325mg given
1,2	1730	Pain level 8/10 in the hospital, ST elevation shown on the ECG	1755	Taken to the cath lab for a heart catherization	1800	Transferred to the ICU with CVC, indwelling catheter, on 2L nc and IV fluids running
4	1825	Itching all over arms and chest	1830	Administered Benydril 25mg	1835	Coughing and cant catch breath
2.4	1835	Wheezing heard, O2- 87%, skin ashened, nail beds husky, has stridor	1900	Rapid response team called, O2 upped to 15 L per min, Epinephrine administered	1940	Feels much better and doesn't itch anymore, O2 now at 100% and nc placed back in nose
3	1955	3 inch groin hematoma found	1955	Pressure was applied to the site for 10 minutes to	2000	Bleeding stopped and hematoma outlined to keep

				create hemostasis		track of the size
1,2	2100	Resting in bed	2100	Educated on modifiable risk factors such as obesity and a low fat high fiber diet	2110	Verbalized understanding
2	D2, 2000h	Agitated, UO 48 ml/h, cool and clammy to touch	2010h	Administered 0.9 sodium chloride at 250 ml/h, dobutamine drip started at 16.5ml/h, Norepinephrine administered at 0.5 mcg/min	2040	Blood pressure documented q 2-3 min, Bp up to 96/56 from 78/56, reported feeling less shaky

To Be Completed After the Simulation

The orange boxes should be filled out with your simulation patient's actual results, assessments, medications, and recommendations

NCLEX IV (7): Reduction of Risk

Actual Labs/ Diagnostics

Tropinin T- 0.2-0.8
 Troponin I- 0.6-0.9
 CK- 0
 Potassium- 3.2-3.6
 Chest xray- no fluid or pneumothorax, aorta and aortic arch has calcifications

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms

Chest pain unrelieved by nitro
 Nausea
 Dyspnea
 Cool clammy skin
 Dusky nail beds
 Wheezing

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

Previous smoker
 History of blocked artery
 Obesity
 Bad diet

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures

Non-surgical
 MONA

Surgical
 Cardiac cath

Prevention of Complications
 (Any complications associated with the client's disease process? If not what are some complications you anticipate)

Dysrhythmias
 HF
 Cardiogenic shock
 Acute pulmonary edema
 Ventricular septal wall rupture and ventricular free wall rupture

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management

Morphine
 Aspirin
 Lisinopril
 Epinephrine
 Norepinephrine
 Benydryl

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

Active listening
 Explain procedure to client and wife
 Provide a calm environment
 Allow wife to visit

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?

Allergic reaction to the medication
 Fear of having another MI
 Fear of having an MI when alone

Client/Family Education

Document 3 teaching topics specific for this client.

- Weight loss/exercise
- Less eating out and maintain a low salt and low fat diet
- signs and symptoms of another MI

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement
 (Which other disciplines were involved in caring for this client?)

ER nurse, charge nurse, ED provider, dietitian, cath lab, radiology, pharmacy

Patient Resources

Meals on wheels, Dietician, personal trainer, educational pamphlets

Reflection Questions

Directions: Write reflection including the following:

1. What was your biggest “take away” from participating in the care of this client?
_My biggest take away from participating in the care of this client is learning how important time is in the care of MI patients. The time it takes to get these patients treated mean a lot. The longer we wait the worse the outcome can be. It was also good to see the multiple disciplinary approach in the care of the patient. From the EMS staff to the ER to the primary staff.

2. What was something that surprised you in the care of this patient?
_Something that surprised me was him having an allergic reaction. I was surprised that his allergy wasn't documented. If it was then it could have been prevented. I was also surprised me that he wasn't eating the best knowing the condition that he had already.

3. What is something you would do differently with the care of this client?
_Something I would do differently in the care of this client would have been to directly ask him about any allergies of any kind when he arrived to the hospital, before any procedures. This could have possibly avoided the reaction he had to the dye.

4. How will this simulation experience impact your nursing practice?
_I think that this simulation will impact my nursing career by allowing me to better care for patients that may have an MI or a suspected MI. It helps me understand the steps to take and the care plan for those patients.
