

Nursing Notes

Initials/Signature: MKK, HC, KJ, RH

Rm No: sim 1

Actual Patient Problem: Decreased Cardiac Output **Clinical Reasoning:** Chest pain, feeling of “elephant sitting on chest”, BP 87/58, HR 121, Spo2 91% RA, +2 peripheral pulses, dyspnea on exertion, labored breathing, troponin 0.9, BNP 165, NSTEMI on admit to ER, urinary output 275 mL over 12 hours Goal: The patients heart rate will remain between 60-100 during my time of care. Met: Unmet: Goal: The patient will have adequate cardiac output as evidenced by present peripheral pulses in all extremities during my time of care. Met: Unmet:

Actual Patient Problem: Acute Pain: Chest and Head **Clinical Reasoning:** c/o headache 3/10 pain, feeling of “elephant sitting on chest”, feeling of tightness Goal: The patient will report a chest pain level of 0 on a numeric pain scale by the end of my time of care. Met: Unmet: Goal: The patient will exhibit a state of relaxed being as evidenced by respiratory rate between 12-20, no diaphoresis, and no facial grimacing. Met: Unmet:

Additional Patient Problems: impaired gas exchange

Patient Problem	Time	Relevant Assessments Indicate pertinent assessment findings.	Time	Multidisciplinary Team Intervention What interventions were done in response to your abnormal assessments?	Time	Reassessment/Evaluation What was your patient’s response to the intervention?
Impaired gas exchange	0730	Bilateral anterior lungs sounds clear to auscultation. Bilateral posterior crackles in all lung fields. Bilateral posterior wheezing in bases. Dyspnea on exertion when rolling over, labored breathing. History of smoking, 2 packs a day.	0740	Raised HOB to high fowler’s and encouraged deep breathing.	0743	Breathing rate and rhythm regular. No evidence of labored breathing. Spo2 100% RA.
2	0730	C/o headache, rated 3/10 on numeric pain scale, states “it has been going on over the last hour, do you think I could have some Tylenol?”	0800	Administered 650 mg Acetaminophen PO as ordered by provider.	0900	Rated headache pain 0/10, states “I feel so much better.”
1	0730	Trace edema noted in bilateral lower extremities. No other abnormal cardiac findings. Troponin 0.9, BNP 165, cardiomegaly noted CXR. Platelet level 300. 100 mL of urine voided in ED over 8 hours. 175 mL of urine voided in urinal at bedside.	0820	Administered 325 mg Aspirin PO as ordered by provider. Educated on aspirin toxicity and adverse effects.	0825	HR 89, BP 122/83, peripheral pulses present in all extremities. Did not urinate again during our time of care.
1	0730	NSTEMI shown on EKG in ER. Platelet level 300.	0835	Administered Enoxaparin 40 mg subcutaneously as ordered by the provider.	0840	Upper and lower extremities capillary refill <3, warm to touch and appropriate for ethnicity.

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1 + 2	0905	C/o tightness in chest and feeling of "elephant sitting on chest". "I'm not feeling too well." Denies taking any form of Viagra at home. BP 162/64, HR 110, RR 23, Spo2 97% RA.	9010	Administered 0.4 mg of Nitroglycerin sublingual as ordered by provider. Applied NC at 2L.	0912	"I feel really dizzy". BP 89/65, HR 115, RR23, Spo2 91% NC 2L.
1	0915	BP 88/60, HR 121, Spo2 91% NC 2L.	0916	Notified provider of situation and abnormal VS. Titrated oxygen to 4L NC. Lowered HOB to 0 degrees, elevated feet.	0918	Spo2 99%. Provider ordered IV bolus 500 mL NSS at 1000 mL hour and ½ inch of transdermal nitroglycerin patch.
1	0920	BP 87/58, HR 119, Spo2 99% NC 4L. Nonresponsive to verbal commands, only aroused by sternal chest rub.	0922	Administered IV bolus of 500 mL NSS at 1000 mL an hour as ordered by the provider.	0924	BP 108/70, HR 99, Spo2 97%.
1	0925	BP 108/70, HR 99, Spo2 97%.	0935	Administered nitroglycerin ½ inch transdermal patch as ordered by the provider. Discontinued oxygen as tolerated.	0945	BP 111/70, HR 90, Spo2 99% on RA. Responsive to verbal command.

Significant Event Documentation: Use the area below to document any significant events that happened during your time of care.
