

Nursing Problem Worksheet

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Anticipated Patient Problem and Goals	Relevant Assessments	Multidisciplinary Team Intervention
	(Prewrite) What assessments pertain to your patient's problem? Include frequencies	(Prewrite) What will you do if your assessment is abnormal?
<p><u>Problem:</u> Decreased Cardiac Output</p> <p><u>Reasoning:</u> BNP 165, BP 122/83 (trending downward), CK-MB 22%, troponin 0.9, hx of HTN and smoking 2 ppd, SOB and fatigue on admission, dx of unstable angina.</p> <p><u>Goal:</u> CS will have a urine output ≥ 30 mL/hr during my time of care.</p> <p><u>Goal:</u> CS will maintain a HR of 60-100 bpm during my time of care.</p>	Assess VS (BP, HR) q4h and PRN.	Administer aspirin 325 mg PO daily and enoxaparin 40 mg subcutaneously q24h.
	Assess rate, rhythm, and quality of heart and lung sounds q4h and PRN.	Maintain cardiac monitoring continuously.
	Assess oxygen saturation with pulse oximetry at rest and with ambulation q4h.	Apply NC PRN in oxygen protocol to keep O ₂ saturation >92%.
	Assess urine output, color, and consistency q4h and PRN after CS voids.	Maintain cardiac soft diet continuously.
	Assess skin temperature, color, and moisture q4h and PRN.	Apply a warm blanket PRN cool skin and maintain bedrest with bathroom privileges continuously.
	Monitor CK-MB, troponin, and BNP level q shift.	Educate on smoking cessation PRN.

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<p><u>Problem:</u> Acute Pain: Chest and L Arm</p> <p><u>Reasoning:</u> mid-chest pain of a crushing constant nature at 7/10, radiation down L arm to fingertips of a constant dull ache sensation, dx of unstable angina,</p> <p><u>Goal:</u> CS will have a pain score of <4/10 by the end of my care.</p> <p><u>Goal:</u> CS will verbalize understanding of following an adequate analgesic regimen by the end of my care.</p>	Assess for S/Sx of MI (diaphoresis, SOB, fatigue, intense chest pain with radiation down left arm) PRN prior to and after analgesic doses.	Apply EKG electrodes PRN for onset radiating chest pain.
	Assess chest pain characteristics (onset, perseverance, quality, radiation, severity, duration) q4h and PRN after analgesic administration.	Administer NTG 0.4 mg sublingually, PRN for chest pain, may repeat as per CP protocol.
	Assess the effectiveness of PRN NTG after 15 mins of inadequate pain relief.	Collaborate with RN to administer morphine 2 mg IVP, PRN chest pain unrelieved after 3 rd dose NTG.
	Assess VS (HR, BP, RR) q4h and PRN after analgesic administration.	Educate on the importance of following an adequate analgesic regimen PRN if CS does not readily verbalize pain scores.
	Assess understanding of around-the-clock analgesics PRN in between NTG and morphine doses.	Administer acetaminophen 650 mg, q4h, PRN mild pain.
	Assess knowledge of nonpharmacological measures for analgesic control PRN in between PRN analgesic doses.	Teach distraction techniques (playing music, deep breathing, calm environment) PRN in between analgesic doses.