

ATI Real Life Student Packet
N202 Advanced Concepts of Nursing
2025

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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

Heart is in the center of the chest btw the lungs in the mediastinum cavity sits at an angle with the apex going downward. It is in a double walled sac called the pericardium. It is made up of three layers the epicardium, myocardium and endocardium. Septum divides the heart into the left and right side each side has a ventricle and an atrium. The atriums are on top of the ventricles. There are four valved inside the heart the tricuspid, pulmonary, aortic and mitral valve. Each valve opens to let blood into the next section of the heart. So, the tricuspid valve enters and lets blood travel from the right atria to the right ventricle which then passes through the pulmonary valve out through the pulmonary arteries to the lungs where it becomes oxygenated the left atria receives the oxygenated blood from the lungs and sends it through the mitral valve to the left ventricle which it then passes through the aortic valve to go to the aorta to pass through the rest of the body and then comes back to the heart into the inferior or superior vena cava back into the right side of the heart

The heart pumps blood throughout the body which then gives the body oxygen and other nutrients it needs.

NCLEX IV (7): Reduction of Risk

Pathophysiology of Disease

MI is a myocardial infarction commonly called a heart attack. It occurs when blood flow through the heart is impaired. Abrupt stoppage of blood flow through coronary artery w/ a thrombus caused by platelet aggregation. This can cause irreversible myocardial cell death. Mainly due to CAD – coronary artery disease which is due to atherosclerosis which is deposits of fat that harden up and overtime they start to block the artery. These fibrous plaques grow and continues to become inflames causing the plague to become instable the plague can rupture and leads to platelet thrombus formation which narrows or completely occludes the artery. One way that the body tries to avoid this is collateral circulation – which is where the artery builds around the outside of itself this way it avoids the blockage and can still be a working artery, but it is not always successful.

There are 2 different types of MI a STEMI or NSTEMI.

STEMI – caused by an occlusive thrombus, ST elevation in the leads facing the area of infarction – THIS IS AN EMERGENCY!!! Artery needs to be reopened within 90 minutes of presentation of symptoms

NSTEMI – caused by a nonocclusive thrombus, no ST elevation, Cath lab within 12-72 hrs

To Be Completed Before the Simulation

Anticipated Patient Problem: Decreased Cardiac Output

Goal 1: Systolic Bp will be btw 100 & 130 by the end of my care

Relevant Assessments	Multidisciplinary Team Intervention
(Prewrite) What assessments pertain to your patient's problem? Include timeframes	(Prewrite) What will you do if your assessment is abnormal?
Assess Vital Signs q4hrs & PRN	Administer Oxygen as needed to keep SPO2 above 92% at all times
Assess EKG strips q4hrs & PRN	Notify provider immediately of any abnormal EKG strips such as ST elevations PRN
Assess Cardiac Marker labs such as Troponin, BNP q12hrs	Notify provider immediately if any labs are critical values PRN
Assess pain, location, duration, intensity q4hrs & PRN	Administer Morphine as prescribed as needed
Assess knowledge on what a MI can feel like q6hrs & PRN	Educate that a MI can feel like tightness in the chest, pain/numbness radiating down the left arm, can feel like indigestion q6hrs & PRN
Assess knowledge of modifiable risk factors for a MI q6hrs & PRN	Educate about any modifiable risk factors such as smoking cessation, low sodium diet, increasing activity, increasing veggies, fish and chicken q6hrs & PRN

Goal 2: Will understand how to decrease modifiable risk factors that put them at risk for MI by the end of my care

To Be Completed Before the Simulation

Anticipated Patient Problem: Acute Pain

Goal 1: Pain will be a 0/10 by the end of my care

Relevant Assessments	Multidisciplinary Team Intervention
(Prewrite) What assessments pertain to your patient's problem? Include timeframes	(Prewrite) What will you do if your assessment is abnormal?
Assess pain, location, intensity, duration q2hrs & PRN	Administer nitroglycerin sublingual every 5 minutes for a max of 3 doses
Assess Vital signs q4hrs	Administer Morphine as prescribed as needed
Assess EKG strip q4hrs & PRN	Notify provider immediately for any abnormal strip readings such as ST elevations PRN
Assess for relief of pain q4hrs & PRN	Readminister Morphine if appropriate according to the order as needed
Assess knowledge on non-pharmacological pain remedies q6hrs & PRN	Educate on non-pharmacological pain remedies such as deep breathing, distraction, meditation q6hrs & PRN
Assess knowledge of what to do if the pain they are having is due to a MI q6hrs & PRN	Educate on taking Nitro sublingual every 5 minutes for a max of 3 times if that does not subdue the pain call 911 q6hrs & PRN

Goal 2: Will understand how to take care for pain they are having which could be due a MI by the end of my care

To Be Completed During the Simulation:

Actual Patient Problem: Decreased Cardiac Output

Clinical Reasoning: STEMI, Angina, CAD, HTN,

Goal: Systolic BP will be btw 100 & 130 by the end of my care

Met: Unmet:

Goal: Will understand modifiable risk factors for a MI by the end of my care

Met: Unmet:

Actual Patient Problem: Risk for Bleeding

Clinical Reasoning: percutaneous transluminal coronary angioplasty w/ stent placement in the left anterior descending coronary artery, ASA and Clopidogrel medication regiment, hematoma formed at puncture site dressing

Goal: Will understand how to recognize bleeding that needs to be reported to their provider such as bloody stools and unexplained bruising by the end of my care

Met: Unmet:

Goal: Will have no excessive bleeding at puncture site dressing during my time of care

Met: Unmet:

Additional Patient Problems: Risk for Electrolyte Imbalance, Risk for Thrombosis, Risk for Shock, Ineffective Health Maintenance Behaviors, Readiness for Enhanced Health Management, Acute Pain, Risk for Allergy Reaction, Impaired Comfort

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
Decreased Cardiac Output Acute Pain Impaired Comfort	1725- Monday	“Intense discomfort, dizzy, and feel sick to my stomach” Took nitro but did not relieve any pain Pain 8/10 – “squeezing over my heart”	1725	12 lead EKG strip	1730	EKG showed ST segment elevation
Decreased Cardiac Output	1730	STEMI – showed on the EKG w/ ST elevation	1755	Heart Catheterization was performed – percutaneous transluminal coronary angioplasty w/	1820	Vitals were stable the entire time during the procedure, receiving 2LNC, No bleeding or hematoma present

				stent placement in the left anterior descending coronary artery Central venous catheter placed, Arterial line, foley placed, IV fluids running,		at site of procedure
Risk for Thrombosis Risk for Bleeding	1830	Transferred to ICU after Cath lab procedure	1830	Educated on the importance of laying flat, and keeping right leg in a straight position, if coughing is needed to place pressure over puncture site dressing	1830	Continued to lay flat, covering puncture dressing when coughing
Risk for Allergy Reaction Impaired Comfort	1835	Itchy feeling over chest and arm	1835	Asked about any other allergies, assessed IV site,	1835	“I had an allergic reaction to shrimp before but never had it again
Risk for Allergy Reaction Impaired Comfort	1840	Itchy feeling over chest and arm “I feel like I am coming down with a cold” Nasal congestion Coughing Wheezing Dyspnea Intermittent Stridor Pulse ox 87% w/ nonrebreather face mask at 15L Skin is ashen Distressed Nail beds are dusky Difficulty swallowing	1840	Administered 25mg Benadryl IV bolus Placed a nonrebreather face mask on 15L Called the RRT Administered 0.3mg Epinephrine IM STAT	1840	Anaphylaxis was reversed O2 100% on 15L nonrebreather No more itchiness Educated on the importance of letting all providers know about his allergy to contrast dye
Risk for Bleeding Risk for Thrombosis	1845	Assessed puncture site dressing looks like a hematoma is forming dressing is saturated in bright red blood,	1845	Applied pressure for at least 10 minutes until bleeding has stopped Marked around the hematoma site	1855	“I am glad the bleeding stopped”
Decreased Cardiac	2230 – 12/7	Potassium was 3.2	2235 – 12/7	Administered Potassium 20mg	12/9 0800	Potassium 3.4

Output Risk for Electrolyte Imbalance				PO		
Ineffective Health Maintenance Behaviors Readiness for Enhanced Health Management	2240	STEMI, CAD, Angina, hx of smoking, obesity, eats lots of fast food, not very active, HTN	2245	Educated on how to change modifiable risk factors for a MI – such as activity, diet, smoking cessation	2250	“I stopped smoking a little bit ago, I really like my steak and eating fast food is just a lot easier”
Risk for Shock Decreased Cardiac Output		Skin feels cold and clammy Restless & agitated MAP 54 Systolic Bp less than 90 Urinary output decreases 48ml/hr		Administered NS 1000ml running at 250ml/hr Administered Dobutamine 2.5mcg/kg/ml Administered Norepinephrine 0.5mcg/min		“Feel less shaky, dizzy, and not sweating” Systolic Bp is 100 so titrating the Norepinephrine drip
Ineffective Health Maintenance Behaviors Readiness for Enhanced Health Management		STEMI, high sodium Diet, CAD, Angina, HTN		Educated on a low sodium diet – checking labels, eating less fast food, more fish and chicken, more veggies Adding in other spices than salt such as cumin		“We are going to try our best to stick with this”
Risk for Bleeding Risk for Thrombosis		New medication of Clopidogrel Question about taking the Clopidogrel and ASA at the same time		Educated on the new medication of Clopidogrel and how it can put him at risk for bleeding checking for unusual bruises or bloody stools He needs to take both meds to prevent any clots from forming around his new stent		“Okay I understand”

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
 ST elevation – EKG
 Potassium 3.2
 Troponin T – 0.2
 Troponin I 0.06

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms
 Chest pain – “tightening over chest 8/10”
 ST elevation
 Pain was not relieved after Nitroglycerin

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors
 Obesity
 Eating Habits – lots of fast food, high sodium, lots of red meat, not enough veggies fish or chicken
 Male
 54
 Smoking hx
 Lack of physical activity
 CAD
 HTN

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures
Non-surgical
 N/A

Surgical
 percutaneous transluminal coronary angioplasty w/ stent placement in the left anterior descending coronary artery

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

 Hematoma at puncture site
 Developing cardiogenic shock
 Allergic reaction to the contrast dye

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management
 ASA
 Clopidogrel
 NS
 Dobutamine
 Epinephrine
 Benadryl
 Norepinephrine
 Potassium

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

 Oxygen
 Education
 Handheld pressure for bleeding to stop

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?
 Major health issue
 Now having to change his lifestyle
 Going under a procedure with little time to digest everything
 Having complications – hematoma, allergic reaction

Client/Family Education

Document 3 teaching topics specific for this client.
 • decreasing Sodium intake
 • intake of less red meat and more fish and chicken
 • importance of checking for unexplained bruising and blood in the stool due to being on antiplatelet therapy

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement
 (Which other disciplines were involved in caring for this client?)
 Dietary, cardiologist, CATH lab, EMS, ED, ICU, RRT,

Patient Resources

Dietary resources, low sodium diet notes, modifiable risk factors – diet, exercise,

Reflection Questions

Directions: Write reflection including the following:

1. What was your biggest “take away” from participating in the care of this client?
I think it was the fact that time truly is tissue. It is very important to get patients who have an MI back to the Cath lab as soon as possible. Especially with a STEMI they must be there within 90 minutes of presentation of symptoms. It also shows how important it is to be a team player in the healthcare field as well. Not being judgmental when talking or educating patients.
2. What was something that surprised you in the care of this patient?
The fact that he was having complications. I honestly was not expecting him to have any sort of complications during the care. But it does happen. You never know when something could go wrong with your patient. So, it is extremely important to be very vigilant with your assessments and staying up on your care for your patient. Always asking questions if unsure or just to make you feel more confident in yourself.
3. What is something you would do differently with the care of this client?
I honestly cannot think of anything I would necessarily do different. I think the nurses were great with their communication to the patient and his spouse. Making sure to educate correctly not show any signs of judgment when talking with them. They made sure to ask questions and get verification of things when they were not exactly sure or just to get a second pair of eyes to look at it.
4. How will this simulation experience impact your nursing practice?
It reinforces the fact of how not to second guess yourself. Because the one nurse thought something was off with the patient, which was true. He went and continued to ask questions to another nurse and asking for help. I never want to be in the place where I feel like I cannot ask another nurse for help or just ask them questions. Nursing is very team driven. Also, making sure when it comes to education you are not just rattling off a wealth of information. When he started teaching about better food choices, he showed them the menu and asked them what they would choose as the best low sodium option. The nurse sat there and took their options and showed in a nonjudgmental way how they could pick the eggs but just switch it up a bit differently it would be a good option.