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Unit: S5
Pt. Initials:

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1. Disease Process & Brief Pathophysiology

A non ST elevation myocardial infarction (NSTEMI) is a heart attack that occurs due to the blockage of a coronary artery from a thrombus or blood clot. When this happens, irreversible cell death occurs.

2. Factors for the Development of the Disease/Acute Illness

- Coronary Artery Disease (P)
- Gender (men more than women)
- Genetic predisposition
- High cholesterol (P)
- Diabetes (p)
- Obesity (P)
- HTN (P)

3. Signs and Symptoms

- Angina (P)
- Increased HR (P)
- SOB (P)
- Peripheral edema (P)
- N/V
- Weakness (P)

4. Diagnostic Tests pertinent or confirming of diagnosis

- CXR (P)**
- ECG (P)**
- Echocardiogram (P)**
- Exercise stress test**
- EBCT**
- CTA (P)**
- Cardiac Catheterization**

5. Lab Values that may be affected

- Lipid profile (P)
- Triponin (P)
- CBC (P)
- C reactive protein
- CK-MB
- BMP (P)

6. Current Treatment

- ACB (P)
- Drug therapy: IV nitroglycerin, morphine, beta blockers, Ace inhibitors, lipid lowering drugs, stool softeners (P)
- Percutaneous coronary intervention (P)
- Physical therapy (P)

7. Focused Nursing Diagnosis:

Fear of the unknown and pain

8. Related to (r/t):

Falling and hurting
mediastinum incision from ACB

9. As evidenced by (aeb):

Pt not wanting to take off her
gait belt with pressure pillow
that is secured to her chest
stating that she in pain without
it.

Pt not wanting to walk with
physical therapy

Pt stating "I am afraid if I walk,
or walk without my pillow, I will

11. Nursing Interventions related to the Nursing Diagnosis in #7:

1 . As the nurse I plan to,
assess the source of fear with
the pt. Is it because of a
language barrier/unfamiliar
setting?

Evidenced Based Practice:

If the root cause of the fear of
the unknown is determined, it
can then be addressed
appropriately. If the pt's
source of fear is a language
barrier, I would plan to ask
her son to be with her while
she is ambulating with PT.

2. As the nurse I plan to,
assess the pts pain during
hourly pt rounding. Then give
pain meds accordingly.

12. Patient Teaching:

1. S/S of agina/nstemi and
when to seek treatment.

2. Cause and effect of CAD
that lead to the nstemi (Diet,
lack of exercise, genetic
predisposition)

3. Measures to promote
recovery and health, stressing
the importance of gradual
progressive resumption of
activity

13. Discharge planning/Community Resources:

1. Providing pamphlets in
Spanish for the pt to read
related to her comorbidities.

2. Dietary/nutritionist
consult so that she can learn
to manage her eating habits
that contributed to her CAD,

fall and hurt my chest”

Evidenced Based Practice:

ultimately leading to her having an ACB.

If the pt’s pain is under control, her anxiety will be lowered. Then hopefully, she will be able to ambulate with less fear. Also, educating that taking pain medicine is not a bad thing if it is needed.

3. Making sure that the pt knows about her f/u appt with surgeon.

10. Desired patient outcome:

Pt will show less fear of the unknown/pain by, stating that she knows she is able to receive pain medicine if she needs it before ambulation, and ambulating 100ft with physical therapy or a nurse BID. I would like this pt goal to be met by the end of the day.

3. As the nurse I plan to, discuss the difference between warranted and unwarranted fear. At the same time, assuring her that her fear is understandable.

Evidenced Based Practice:

By reassuring the pt that she is safe, everyone on her medical team wants to see her improve, and everyone that takes care of her is qualified to help her; that her fear of the unknown is alleviated.