1. Disease Process & Brief Pathophysiology

Non-ST-elevation myocardial infarction (NSTEMI) is defined by clinical presentation of chest pain with an elevation in cardiac biomarkers (cardiac markers in blood; troponin I or troponin T and CK will be elevated) and electrocardiogram (ECG) changes that may include T-wave inversion or ST-segment depression but not ST-segment elevation

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

Family history, increasing age, male gender (P), smoking, low high-density lipoprotein (HDL) values, hypercholesterolemia (P), diabetes mellitus (P has family history of DM), hypertension (P), metabolic syndrome, obesity, sedentary lifestyle, stressful lifestyle.

3. Signs and Symptoms

Chest pain (P), substernal pressure, burning and pain that radiates to the jaw, shoulder or arm, weakness, dizziness (P), diaphoresis, nausea, vomiting, shortness of breath, acute anxiety, bradycardia , tachycardia.

4. Diagnostic Tests Pertinent or confirming of diagnosis

ECG (P), Cardiac biomarkers (P), C-reactive protein, Echocardiography, Chest Radiography, Total lipid panel (P), Stress test (Exercise treadmill test, Stress echocardiogram), Cardiac nuclear imaging modalities (Myocardial perfusion imaging, radionuclide angiography), Computed tomography, Ambulatory monitoring, Coronary arteriography through cardiac catheterization, Intravascular ultrasound.

5. Lab values that may be affected

Creatinine phosphokinase (CPK), CK-MB, Troponin I and T (P levels were not elevated, levels were being monitored), High-density lipoprotein, Low-density lipoprotein,

6. Current Treatment

Anticoagulants (P), antiplatelets (P), beta blockers, nitrates, statins, angiotensin-converting-enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs)

7. Focused Nursing Diagnosis:

11. Nursing Interventions related to Nursing

12. Patient Teaching:

Need for health teaching

Diagnosis in #7:

1. Assess the patient's health care literacy (language, reading, comprehension). Assess culture and culturally specific information needs.

Evidence Based Practice:
This assessment helps ensure that information is selected and presented in a manner that is culturally and educationally appropriate.

1. Importance of reporting to the health care provider any changes in pattern or frequency of angina.

2. Importance of getting blood pressure checked at regular intervals (home monitoring and recording may be recommended).

3. Teach patient how to read food labels and encourage the use of the label to determine caloric, cholesterol, fat, and sodium content of foods.

8. Related to (r/t):
Coronary Artery Disease (CAD) lifestyle implications

2. Teach the patient about CAD, including pathophysiologic processes of cardiac ischemia, angina, and infarction.

Evidence Based Practice:
Increasing patient's knowledge of their health status will promote adherence to the treatment regimen.

9. As evidenced by (aeb):
NSTEMI event

13. Discharge Planning/Community Resources:

1. Follow up with health care provider. Confirm date and time of next appointment.

3. Assist with identifying risk factors for CAD and risk factor modification.

2. Community resources and or education classes on diet and how to cook low sodium, low fat, and low cholesterol meals.

Evidence Based Practice:
Identifying risk factors will optimally result in risk factor modification, including diet low in cholesterol and saturated fat, and regular activity/exercise program.

10. Desired Patient Outcome:
The patient verbalizes accurate understanding about the disease process of CAD and associated lifestyle implications by Wednesday January 13, 2021 at 1700

3. Importance of involvement and support of significant others in patients lifestyle changes

Student Name: Sydney Sharp   **Unit:** S 5 **Pt Initials:** V. J.   **Date:** 01/14/2021

Works Cited

Swearingen, P. L., & Wright, J. D. (2018). All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health (5th ed.). St. Louis, MO: Elsevier.