

**Patient: Nicky Heartbreaker DOB: 1/1/59**

- Nicky is a 64-year old male who developed diaphoresis and mid-sternal chest pain at 10/10 this morning while at work. He drove himself to the local Emergency Department.
- Past medical history: HTN, Hyperlipidemia, DM Type II, Smokes 1 ppd; Noncompliance; Family History CAD; Erectile dysfunction.
- Social history: Divorced, 2 adult children, 3 grandchildren, rents apartment, factory laborer
- **Home medications:** (patient has not refilled the first three medications and has not taken since beginning of April)
  - o Atorvastatin 20 mg po QHS
  - o Metformin 500 mg PO BID
  - o Enalapril 10 mg PO BID
  - o Sildenafil 25 mg PO Daily PRN
- Weight: 90kg
- Allergies: Contrast Dye

**Emergency Department**

- Vital Signs: T- 98<sup>0</sup> F (oral); HR-55; RR-18; BP 80/60; SpO2-92%. Weight: 90kg
- A 12-Lead ECG was done which showed ST elevation in Leads II, III, and aVF. He was started on O2 2L per NC, and 2- 18-gauge IV's were started. Fast patches placed.

**Diagnosis: Inferior \_\_\_\_\_ STEMI**

- He was given the following: four- ASA 81 mg tablets (chewed), three- 0.4 mg SL NTG (has not taken Sildenafil within last 24 hours), Brilinta loading dose (180 mg), Morphine Sulfate 4 mg IV, a Heparin bolus and started on a drip per protocol, and an IV bolus of 2,000 mL of NS.
- The time between his arrival to the Emergency Department and arrival to the Cardiac Cath Lab was 30 minutes.

## Cardiac Catheterization Lab

- Procedure: Left Heart Catheterization with PTCA to: \_\_\_\_RCA\_\_\_\_\_  
Right radial: \_\_\_\_TRB band\_\_\_\_\_
- 2 drug eluting stents
- Medications:
  - Versed 2 mg IV
  - Fentanyl 50 mcg IV
  - Bivalirudin (Angiomax): Supply 250 mg in 50 mL NS
    - Bolus:  $0.75 \text{ mg/kg} (90 \text{ kg} \times 0.75 \text{ mg} = 67.5 \text{ mg}/250 \text{ mg} \times 50 = 13.5 \text{ mL})$
    - Drip:  $1.75 \text{ mg/kg/hr} (90 \times 1.75 = 157.5 \text{ mg/hr}/250 \text{ mg} \times 50 = 31.5 \text{ mL/hr})$
  - Verapamil 5 mg IV
  - Diphenhydramine 50 mg IV
  - Solumedrol 125 mg IV
  - Famotidine 20 mg IV
- TRB band placed
- Stent card placed in chart

## 4C

- He has just arrived to 4C from the Cath Lab.
- Vital signs: T- 98.9<sup>O</sup> F (oral); BP 108/56; HR- 118; RR- 24; SpO2- 91% on 2L NC
- You performed a 12-Lead ECG with the following findings: \_Atrial fibrillation\_\_\_\_\_
- Present condition: Chest pain free currently; complaint of fatigue & dyspnea; crackles present; low back pain 3/10; EF 35%
- Ecchymosis at right radial site; TR Band in place
- Medications: All but the IV fluid are medications the patient will also be prescribed at discharge
  - ASA 81 mg PO Daily
  - Brilinta 90 mg PO BID
  - Atorvastatin 40 mg PO QHS
  - Metformin 500 mg PO BID- Hold for 48 hours
  - Enalapril 10 mg PO BID
  - Acetaminophen 500 mg PO Q 4-6 hours PRN non-cardiac pain
  - D5 0.45 NS at 80 mL/hr- slowed this due to probable HF and fluid overload

### **1-hour post simulation assignment and survey: due April 24, 2023 at 1600**

Discharge Education: A copy of this document is on Edvance360 under Simulation Resources- use this electronic version to complete and submit the assignment.

Firelands Regional Medical Center School of Nursing  
 AMSN 2023: Comprehensive Simulation  
**Discharge Education** (1H-Sim)



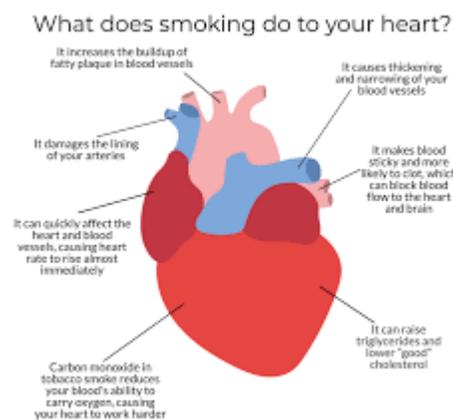
**Directions:** For each education topic, include specific information you would provide to Nicky Heartbreaker at discharge. The information must be specific to the patient, scenario, social determinants of health concerns, and be thorough and detailed (this will not be a brief list). Include handouts, video links, pictures, etc. that you could present for **at least 4** of the education topics. This assignment is due in the Comprehensive Simulation dropbox on Edvance360 at **1600 on April 24, 2023 (along with the simulation survey)**. If the assignment is late or not completed in full it will result in 1-hour missed simulation time, and will have to be completed prior to beginning the final exam on 4/28/2023 at 0800.

Topic	Education
<b>Diagnosis</b>	You have been diagnosed with a heart attack or acute inferior myocardial infarction. You had two arteries that supply blood to your heart become blocked. This blockage is why you were having chest pains. The physicians placed stents in your coronary arteries to open the blockages up. You also went into heart failure as a result.
<b>Medications</b>	<p>There has been a few changes to your medications and I would like to go over them with you.</p> <p><b>Aspirin 81 mg PO daily</b>- this is going to prevent blood clots from forming in your arteries and lower your risk of a heart attack. You can take this with food and water to help prevent stomach upset. Inform your dentist you are on this before dental work.</p> <p><b>Brilinta 90 mg PO BID</b>- take this twice a day. This medication is for people who have had a heart attack and will lower your risk of having another. This works with the aspirin to prevent platelets from sticking and forming a clot. This helps keep the stents from getting a blood clot. You need to monitor for signs of bleeding and bruising and contact your doctor if you notice blood in your urine, red or black stools, or if you cough up blood. You need to inform your dentist of this medication before dental work.</p> <p><b>Atorvastatin 40 mg PO QHS</b>- You will take this at bedtime. This medication along with diet and exercise is going to help lower the LDL cholesterol or the bad cholesterol in your blood, lowering your risk of another heart attack. You may experience some GI issues. Your liver enzymes will need monitored with this medication and you should limit alcohol intake.</p> <p><b>Metformin 500 mg PO BID</b>- You will start taking this in 48 hours. This is another medication that you will inform the dentist before dental work. This medication is used to treat type 2 diabetes. You will need to monitor your blood sugars and contact the doctor if you experience a rash or chest pain</p> <p><b>Enalapril 10 mg PO BID</b>- This medication will be taken twice a day. This medication is</p>

	<p>used to treat high blood pressure and heart failure by relaxing blood vessels. <b>Acetaminophen 500 mg PO Q4-6 hours PRN non-cardiac pain</b>- This medication can be used for pain, such as the back pain you were experiencing. You can take it every 4-6 hours if you need it. This is not for chest pain.</p> <p>Take your medications every day as prescribed. Do not stop any of these without consulting your physician. Don't take any over the counter medications with out asking your doctor first.</p>
<b>Follow-up/ Compliance</b>	<p>You should weigh your self daily in the morning to monitor for a weight gain of 2 pounds or more. Weight gain could mean that your heart failure could be worsening. Take all medications as prescribed. It is very important that you take them every day. Is it possible you could have your daughter pick these up for you monthly, so you don't run out? Follow a heart healthy diet, exercise, stop smoking, and monitor your blood sugars. You will need a follow up appointment with your physician, and I have made that appointment for you.</p> <p>I will be giving you a stent card to always carry with you. This will explain where the stents were placed, what type, and size, along with the Doctors name and number.</p>
<b>Puncture site care</b>	<p>The physician went in through your right radial artery and to your heart to place stents in your blocked areas of your heart. You're going to take it easy the day of the procedure. The dressing on your wrist can be removed the day after your procedure but you want to keep the area dry 24-48 hours. You can shower but don't soak your arm in a bath for 7 days. No lifting anything over 10 pounds with your right arm. This is equal to a gallon of milk. If your site starts to bleed, lie down, and hold pressure for 30 minutes. If the bleeding persists, contact your physician. The bruising you have on your arm may be normal due to the procedure. If you develop a hard lump in that area, develop coolness or numbness to your fingers, see redness, drainage, or develop a fever contact your provider.</p>
<b>Diet</b>	<p>It is important to follow a heart healthy diet. This is going to include grains, fruits and vegetables, low fat, low salt diet. I have included a handout that better explains all this for you. It is best to reduce your sugary foods as well because of your diabetes.</p> <p><a href="https://www.nhlbi.nih.gov/education/dash-eating-plan">https://www.nhlbi.nih.gov/education/dash-eating-plan</a></p>
<b>Exercise/ Activity</b>	<p>Physical activity is important for your heart health. Exercise will increase your cardiac output, decrease your blood pressure, improve the blood flow to your coronary arteries (around your heart), improve oxygenation, as well as improve your blood sugars. During cardiac rehabilitation, and under physician orders, you will work up to 30 minutes a day of exercise, meaning, start with 5 minutes and add more time as tolerated. Listen to your body for any pain or signs such as high heart rate or shortness of breath.</p>

**Smoking cessation**

What does smoking do to your heart?



It is very important to quit smoking to protect your heart from further damage. I can refer you to a cessation course if your interested.

**Signs and symptoms to report/Seek medical care**

I have included a video about warning signs of a heart attack to ensure you come in right away. This includes pain in your chest, arm, or jaw, tightness, and shortness of breath. You will also need to monitor for swelling in your feet and ankles, and weight gain  
[https://youtu.be/XD4cDx1V\\_tQ](https://youtu.be/XD4cDx1V_tQ)



# 5 Ways to Lower Your Risk of a **SECOND** Heart Attack

1

## TAKE YOUR MEDICATIONS

Take medications as your doctor prescribed. They help you avoid another heart attack. Forgetting to take a dose or get a refill can lead to big health problems.



2

## FOLLOW-UP WITH YOUR DOCTOR

Getting better means working together with your healthcare team. See your doctor within 6 weeks of your heart attack to help keeps your recovery on track.



3

## PARTICIPATE IN CARDIAC REHAB

Cardiac rehabilitation improves your physical and emotional recovery by increasing your physical fitness, helping you adopt heart-healthy living, and addressing sources of stress.



4

## MANAGE RISK FACTORS

Common risk factors include smoking, high cholesterol, high blood pressure and diabetes. Use medications and lifestyle changes to lower your risk of another heart attack.



5

## GET SUPPORT

Sharing your journey to recovery with family, friends and other survivors can help reduce anxiety and loneliness.



Act now to prevent another heart attack. Visit [heart.org/heartattackrecovery](http://heart.org/heartattackrecovery) to learn more.

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