

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)
 - Atorvastatin 20 mg po QHS
 - Metformin 500 mg PO BID
 - Enalapril 10 mg PO BID
 - Sildenafil 25 mg PO Daily PRN
- Weight: 90kg
- Allergies: Contrast Dye

Emergency Department

- Vital Signs: T- 98⁰ 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: **Right Coronary Artery**
Right radial: **TR 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^O 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

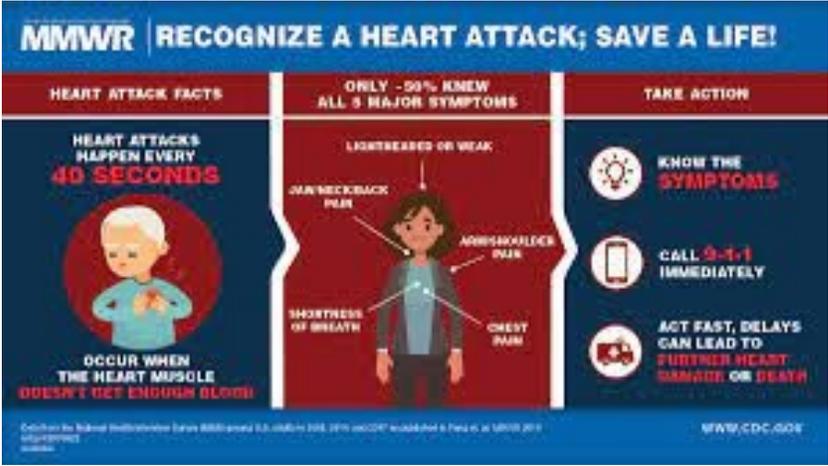
Discharge Education: A copy of this document is on Edvance360 under Simulation Resources- use this electronic version to complete and submit the assignment.

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
Diagnosis	An inferior STEMI is due to ischemia and infarction of the inferior region of the heart, and the ECG will show an elevated ST segment. Symptoms may include chest pain, heaviness, or pressure and shortness of breath, fatigue, lightheadedness, nausea, and diaphoresis with possible radiation to the jaw or arms. These are all symptoms that are important to monitor for when discharged. Given your history, smoking cessation, a healthier diet, and exercise will be beneficial as prevention strategies of an MI in the future. I will provide information on strategies to stop smoking and information on support groups. I will also give information on eating healthier and exercising. If you are interested, an appointment with the dietician can be made.
Medications	<p>Aspirin 81 mg PO Daily: This is given for prophylaxis of another myocardial infarction (heart attack). This medication decreases platelet aggregation. Some side effects may include nausea and vomiting. Make sure to report any symptoms of fever, rash, facial swelling, tinnitus, headache, hyperventilation, mental confusion, agitation, lethargy, diarrhea, and sweating, and if these symptoms appear, notify your health care provider. It is important to take this medication daily to prevent another heart attack.</p> <p>Brilinta 90 mg PO BID: This medication is to reduce the risk of another myocardial infarction (heart attack) and reduces the risk of a clot forming in your stent. Some side effects may include a low heart rate, or shortness of breath. Do not double doses if you miss one, just take it as soon as possible. Do not exceed a daily aspirin intake of more than 100 mg. You will bleed and bruise easier and it will take longer to stop bleeding. Report any blood in your urine or stool to your health care provider. If you plan on having any dental procedures, notify your provider as you may need prophylactic antibiotic therapy.</p> <p>Atorvastatin 40 mg PO QHS: This medication is for prevention of another myocardial infarction (heart attack). It is also to treat your history of hyperlipidemia as it lowers those levels. Some side effects include abdominal cramps, constipation, diarrhea, heartburn, and flatus. If you miss a dose and it is past 12 hours, omit and take the next scheduled dose. Do not double up doses. Notify your health care professional if you are experiencing any unexplained muscle pain, tenderness, or weakness. Report any usage of any new over-the-counter medications, vitamins, or herbal products being taken.</p> <p>Metformin 500 mg PO BID: This medication is given for managing your Type 2 Diabetes Mellitus. You may experience some bloating, diarrhea, nausea, and vomiting. It is important to take it at the same time each day and do not double doses.</p> <p>Enalapril 10 mg PO BID: This medication is to treat your hypertension (high blood pressure). Some side effects may include hypotension, proteinuria, and cough. Take it at the same time each day and do not double doses. Change positions slowly when moving to prevent orthostatic hypotension.</p>

	procedures/exercise-activity
Smoking cessation	<p>Given your medical history of hypertension, recent myocardial infarction, and stent placement, smoking cessation is an important part of your treatment regimen. It is the most effective preventive measure. I know it may not be ideal, but I can provide you with information on how to get started with the process of smoking cessation, and support group/website that may be beneficial in your journey.</p> <p>https://my.clevelandclinic.org/departments/respiratory/depts/smoking-cessation</p>
Signs and symptoms to report/Seek medical care	<p>Signs and symptoms of a heart attack to monitor for may include chest pain, pain or discomfort that radiates to the shoulder, arm, back, neck, jaw, or teeth, cold sweats, fatigue, heartburn or indigestion, lightheadedness or sudden dizziness, nausea, and shortness of breath. I will provide a picture that can help be a reminder of symptoms.</p>  <p>The infographic is titled "MMWR RECOGNIZE A HEART ATTACK; SAVE A LIFE!". It is divided into three vertical sections. The first section, "HEART ATTACK FACTS", shows a child and states "HEART ATTACKS HAPPEN EVERY 40 SECONDS" and "OCCUR WHEN THE HEART MUSCLE DOESN'T GET ENOUGH BLOOD". The second section, "ONLY -50% KNEW ALL 5 MAJOR SYMPTOMS", features a woman with arrows pointing to her chest and neck, listing "LIGHTHEADED OR WEAK", "JAW/NECK/BACK PAIN", "SHORTNESS OF BREATH", and "CHEST PAIN". The third section, "TAKE ACTION", includes icons for a lightbulb, a smartphone, and an ambulance, with text: "KNOW THE SYMPTOMS", "CALL 9-1-1 IMMEDIATELY", and "ACT FAST, DELAYS CAN LEAD TO FURTHER HEART DAMAGE OR DEATH". At the bottom, it says "www.cdc.gov".</p>
Other	<p>Medications can be a financial hardship for patients and if you feel that could pertain to you, let us know and we are here to help. We can provide resources on different options to make medications more affordable. It is important to follow your treatment plan in order to prevent another myocardial infarction or admission. Let me know if you have any questions!</p>