

**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- 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: \_TR band\_\_\_\_\_
- 2 drug eluting stents
- Medications:
  - o Versed 2 mg IV
  - o Fentanyl 50 mcg IV
  - o 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:  $1.75 \text{ mg/kg/hr} (90 \times 1.75 = 157.5 \text{ mg/hr}/250 \text{ mg} \times 50 = 31.5 \text{ mL/hr})$
  - o Verapamil 5 mg IV
  - o Diphenhydramine 50 mg IV
  - o Solumedrol 125 mg IV
  - o 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: \_\_\_\_\_
- 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
  - o ASA 81 mg PO Daily
  - o Brilinta 90 mg PO BID
  - o Atorvastatin 40 mg PO QHS
  - o Metformin 500 mg PO BID- Hold for 48 hours
  - o Enalapril 10 mg PO BID
  - o Acetaminophen 500 mg PO Q 4-6 hours PRN non-cardiac pain
  - o 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>	<p>An inferior STEMI is a type of heart attack that is caused by occlusion of a vessel in the heart. Commonly the right coronary artery is occluded when it's an inferior STEMI, which in your case is what happened. The occlusion can be caused by a blood clot which impedes the blood flow and deprives the inferior portion of the heart from oxygen. When the heart doesn't get enough oxygen, it is unable to function properly which causes the STEMI to occur. It is important to transfer patients like yourself to the cath lab quickly (within 90 minutes) to open the vessel. By doing this we can get the blood and oxygen to adequately flow again. After quickly transferring you to the cath lab they placed two stents in your heart to keep the arteries open. A stent is a small mesh tube that pushes against the artery wall to keep the flow of blood continuing to the heart. To access the artery in your heart, they went through your arm. When you access an artery in the arm it tends to bleed and take a while to stop. By wearing the TR band on your arm, it applies pressure to assist in stopping the bleeding. Once the site is no longer bleeding, we are able to remove the band completely from your arm.</p>
<b>Medications</b>	<ul style="list-style-type: none"> <li>o ASA 81 mg PO Daily</li> <li>o Brilinta 90 mg PO BID</li> <li>o Atorvastatin 40 mg PO QHS</li> <li>o Metformin 500 mg PO BID- Hold for 48 hours</li> <li>o Enalapril 10 mg PO BID</li> <li>o Acetaminophen 500 mg PO Q 4-6 hours PRN non-cardiac pain</li> <li>o D5 0.45 NS at 80 mL/hr- slowed this due to probable HF and fluid overload</li> </ul> <p>Aspirin is a medication to keep your blood thin which lowers the risk of heart</p>

attack by preventing blood clots from forming. Brilinta is a blood thinner that is used to prevent heart attack by preventing blood clots from forming. Aspirin and Brilinta given together as a dual antiplatelet therapy after stents and or heart attacks occur. Atorvastatin is used to lower your blood level of cholesterol and fat. We are sending you home with this this medication because having a high cholesterol can lead to fatty deposits developing in the arteries, which causes them to narrow and eventually become blocked. Metformin helps to control the amount of glucose in your blood, this will help control your type 2 diabetes. Enalapril is a medication to manage hypertension because you have a history of elevated blood pressure. Acetaminophen is for non-cardiac pain as you need it. You can take 500 mg by mouth every 4-6 hours.

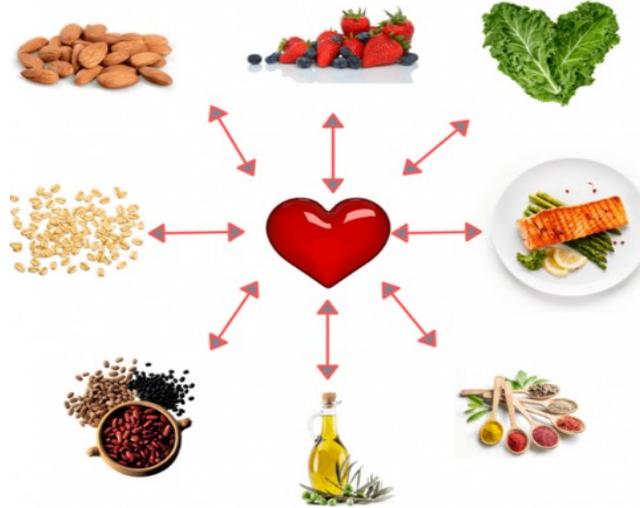
**Follow-up/  
Compliance**

I wanted to talk to you about follow up appointments and medication compliance. I will directly highlight on the discharge packet when, where and what time you follow up appointments will be. I know you will have a follow up appointment with your cardiologist which is very important to attend. They will be able to track your progress on how you are doing after having your catheterization and stents. They can also help to prevent future cardiovascular problems so you should continuously see this doctor. I also noticed you were not refilling your prescriptions prior to this hospital visit. This is something that could have caused you to be in this situation. We have you on these meds to help your daily function and prevent further injury. I know you mentioned the drugs being expensive so I can set you up with someone at the community health center to see how they can assist you.

	<p><b>CARDIAC REHABILITATION</b></p> <p>What is <b>CARDIAC REHABILITATION?</b></p> <p><b>1 Regular Exercise</b> From supervised activities, to a daily walk in the park, the key is to get moving.</p> <p><b>2 Adopt a Heart Healthy Diet</b> This includes meals that are low in salt and rich in whole grains, fruits, vegetables, lean-fat meats and fish.</p> <p><b>3 Reduce Stress</b> Learn to control your daily stress through relaxation techniques, meditation, music and other various methods.</p> <p><b>4 Medical Therapy</b> Follow your doctor's instructions carefully and take your medications as directed.</p> <p><b>5 Stop Smoking</b> Most cardiac rehab programs offer methods to help you kick this harmful habit.</p> <p><b>Cardiac Rehabilitation Programs Typically Consist Of The Following 5 Components</b></p> <p><b>TALK TO YOUR HEALTH CARE PROVIDER about enrolling in a cardiac rehab program TODAY!</b></p> <p><b>CARDIAC REHAB can:</b></p> <ul style="list-style-type: none"> <li>Lower the chances of a 2nd heart attack or heart surgery</li> <li>Control risk factors such as high blood pressure &amp; cholesterol</li> <li>Reduce overall risk of dying or having a future cardiac event</li> <li>Lessen chest pain, and in some cases, the need for medications</li> <li>Help with weight loss</li> </ul> <p>For more information, visit <a href="https://www.cardiosmart.org/CardiacRehab">CardioSmart.org/CardiacRehab</a></p>
<p><b>Puncture site care</b></p>	<p>You may take the covering from your puncture site off the morning after you return home from the hospital. You will want to put a band-aid over the puncture site for 24 hours and after the 24 hours leave it open to air. This is to help the site heal. You should be careful with your wrist once you get home, don't bend it for 8 hours after your procedure, don't lift over 10 pounds for the first 2 days. You should not soak your puncture site in water because that could cause it to open and bleed. Below is a link to a website about puncture site care that will help you remember what I have explained to you. This will be nice to refer to once you leave.</p> <p><a href="https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/After_Your_Heart_Angiogram_Radial_Artery_Approach.pdf">https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/After_Your_Heart_Angiogram_Radial_Artery_Approach.pdf</a></p>
<p><b>Diet</b></p>	<p>We would like you to follow a diet that includes a bigger focus on vegetables, fruits, beans, nuts, and seeds. You can also swap out unhealthy fats for healthier fats like extra virgin olive oil, and avocado. You should also include whole grains; they have more benefits than items like white bread. Brown rice instead of white rice would also be a good swap. You should also consume lean cuts of meat and eliminate processed meats such as sausage and deli meats. Reduced salt consumption is also very important so do not salt your food after it has been prepared. Omega 3 fatty acids are important to consume because our bodies do not naturally produce it. You can get omega 3 fatty acids from salmon, trout, tuna and sardines. Avoid foods that are highly processed like chips, cookies and crackers. As well as limiting your consumption of sugary candies and sodas.</p>

# Love Your Heart Through Food

## 8 Amazing Heart Healthy Foods



TastyBalanceNutrition.com

### Exercise/Activity

An important part of keeping your heart healthy includes participating in physical activity. After a few weeks you should be cleared to participate in usual activities. After being able to perform daily activities, I would recommend going to cardiac rehab. Cardiac rehab is a great way to get into activities and stay on track. You should stop and rest if activity causes you pain or discomfort. When you start physical activity, you should start slowly and make small goals. It is very important to take time to warm up and cool down before and after exercise as well. Below I have attached a picture of examples of what physical activity is recommended after a STEMI vs what you shouldn't jump into right away.



### Smoking cessation

Smoking causes coronary vasoconstriction and increases the risk of a person having a heart attack. Vasoconstriction forces the heart to work harder to get blood to the organs. Overtime the constant constriction results in blood vessels

	<p>that are stiff and less elastic. Quitting smoking can help improve a person's overall health. I know during the hospital visit this patient wasn't ready to have complete smoking cessation so I would recommend decreasing the number of cigarettes smoked per day until cessation can be done. Below is a link about how tobacco affects the heart and blood vessels.</p> <p><a href="https://www.abiomed.com/patients-and-caregivers/blog/how-tobacco-affects-the-heart-and-blood-vessels#:~:text=Nicotine%20causes%20your%20blood%20vessels,and%20nutrients%20your%20cells%20receive.">https://www.abiomed.com/patients-and-caregivers/blog/how-tobacco-affects-the-heart-and-blood-vessels#:~:text=Nicotine%20causes%20your%20blood%20vessels,and%20nutrients%20your%20cells%20receive.</a></p>
<b>Signs and symptoms to report/Seek medical care</b>	<p>After having a heart attack it's important to prevent future heart damage. If you have symptoms of angina or chest pain that becomes more frequent, increases in intensity, or lasts longer you should call the doctor. Having chest pain is an indication that your heart is not getting as much oxygen rich blood as it needs. If chest pain continues for 5 minutes after stopping activity, you need to call 911. If you have shortness of breath at rest, this should be reported to your healthcare provider. Dizziness and irregular heartbeats are also symptoms to look out for.</p>
<b>Other</b>	<p>It is important to make sure the patient clearly understands the information presented to them at the time of discharge. You can use the teach back method to evaluate the understanding.</p>

The electronic version of this document is under Simulation Resources