

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

**Erika Gibson**

- 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:
  - 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: \_A- Fib\_\_\_\_\_
- 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>	Left sided heart failure, is when the left ventricle ineffectively pumps the blood to the body causing it to back up in the lungs causing respiratory problems such as SOB while laying down, and the feeling of being anxious this was a result of you inferior STEMI which was caused by a blockage of your right coronary artery.
<b>Medications</b>	<p>ASA 81 mg PO QD- this medication is given to you to keep your blood from coagulating together. This keeps your blood from forming a clot and must be taken as prescribed. Monitor for any dark stools, nausea as these can be signs of adverse reactions.</p> <p>Brilinta 90mg PO BID- is taken to help reduce the risk of stent thrombosis and should be taken as prescribed by your doctor.</p> <p>Atorvastatin 40mg PO QHS- is given to you to help reduce the total LDL cholesterol and increases HDL cholesterol, monitor for increase abdominal pain and constipation for these are side effects of this medication.</p> <p>Metformin 500mg PO BID- hold for 48 hours you will continue this medication two days after discharge. This medication is to help with diabetes melilitus it helps increase cell sensitivity to insulin. When taking this medication monitor for GI symptoms such as abdominal bloating, diarrhea, nausea, and vomiting.</p> <p>Enalapril 10mg PO BID- this medication is given to you to help lower your blood pressure because you have HTN. Monitor for angioedema which is swelling of the face. Report this to your doctor immediately.</p> <p>Acetaminophen 500mg PO Q4-6h PRN for non cardiac pain- this medication is a</p>

	<p>analgesic to reduce moderate pain, do not take if you have a viral infection such as the flu for this can cause Steven- Johnson syndrome do not take more than 4grams a day this increase hepatotoxicity. Take all medications as prescribed by your doctor.</p>
<p><b>Follow-up/ Compliance</b></p>	<p>Instruct Nicky to follow up with his cardiologist 2 weeks after discharge and every 6 months for a year unless otherwise ordered by his cardiologist. To follow up with his PCP 1 week after discharge. Make sure he makes his appts before leaving the hospital. Ask him if he has anyone that can take him to his appts. If he does not before he leaves the hospital, we can have the case worker see him to set up transportation maybe through his insurance or through programs available to him like a church or maybe a service that helps with senior citizens obtain access to appointments they may need to attend.</p> <p>Educate Mr. Heartbreaker that he needs to take all his medications as prescribed by his PCP and the cardiologist. I would ask him what in the past had kept him from filling his prescription. If it's not being able to make it to pharmacy, then I would fill them in the hospital pharmacy before he leaves and set up with family or home health to be able to pick up his prescription for him. If it is because it is unaffordable, set him up with the case worker from the hospital and one from Job and Family services to see if we can get him a voucher or get him applied to Medicare so that they can cover the cost of his medication. Or even have the case worker talk to his regular pharmacy to see if they have some type of coupon he can use or if they have some kind of program for the elderly to help them afford their medication. Or maybe ask the doctor if there is a generic or similar medication that is more affordable to Nicky.</p>
<p><b>Puncture site care</b></p>	<p>Monitor site signs and symptoms of infection such as redness, swelling, purulent drainage from puncture site. Report to the doctor if right hand becomes pallor and has weakness. Bruising is a normal finding.</p>
<p><b>Diet</b></p>	<p>With heart failure you should increase your fresh fruits and vegetables. Eat foods high in fiber such as whole grain. Incorporate more polyunsaturated fats such as nuts, seed oils, avocados, and fish.</p>
<p><b>Exercise/Activity</b></p>	<p>May need to perform a Exercise stress test before beginning an exercise regimen. Start with 30 min low impact intensity and work your way to 30-60 minutes of aerobic intensity exercise 5x a week. Monitor heart rate by taking it using your radial artery in in your for one full minute. Stop exercise activity if chest pain or</p>

	SOB occurs.
<b>Smoking cessation</b>	It is important to start a smoking cessation program. Ask his PCP if he can prescribe a nicotine patch to help with the cravings. Also, it may be beneficial to find a support group for those who are trying to quit smoking as well.
<b>Signs and symptoms to report/Seek medical care</b>	Report an increase in SOB and chest pain lasting more than 20 mins. A dry cough or blood-tinged sputum for these are signs that the disease process is worsening.
<b>Other</b>	

The electronic version of this document is under Simulation Resources