

AMSN 2020 Comprehensive Simulation
Assessment/Interventions

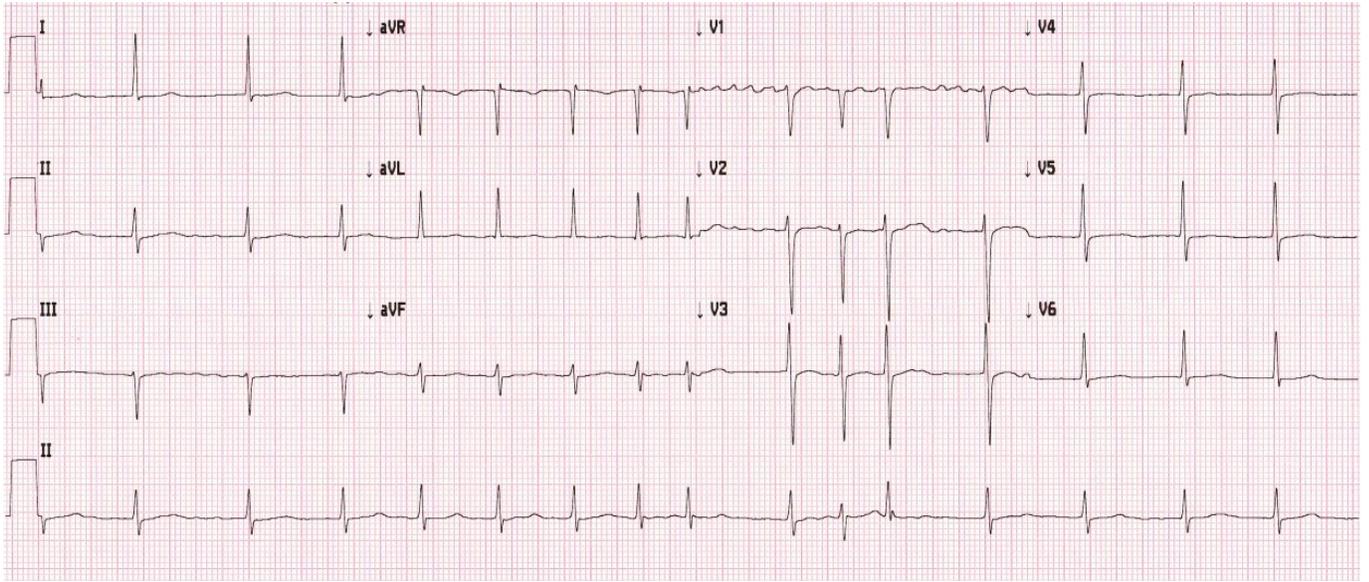
Directions:

1. Assessment: List all assessments that you have been given throughout the scenario (ex- BP, SpO2, etc.), and those that you as the RN need to perform upon Nicky's admission to 4C.
2. For each assessment, provide the intervention you would do in response to the finding or to prevent a complication.
3. Interpret the Post-PTCA ECG (page 2)

ASSESSMENT	INTERVENTION
Assess vitals BP-HR-Temp-Respers-SPO2-	BP high give meds if ordered, HR can also give meds if ordered, respirations elevated sit in high fowlers, SPO2 if low bump up O2 via NC. That may help with elevated respirations too.
Assess pain location, rating, if radiating, description of pain and alleviating measures.	Give pain medication as ordered, if nothing ordered call for something
Listen to lungs	Document and notify Dr if abnormal. If wet sounding possibly reduce the IV fluid's running till clarification is obtained
Listen to heart	Document and notify Dr if abnormal, also look at the strip ab report abnormality
Perform a neuro exam (date, time, location, what happened)	If confused attempt to see if Spo2 related, if Spo2 is ok check a FSBS if abnormal follow protocol till sugar if WNL and the reassess neuro status
Assess groin puncture	Hold pressure if bleeding or hematoma and report to Dr, call for help if needed.
Apply telemetry	Report any acute changes.
Assess IV's	Stop infusions if problems and immediately obtain access at another location
Assess peripheral pulses, distal from puncture site, and edema	If not palpable use a doppler, if still not present contact Dr immediately. If edema present notify Dr. and give Lasix.

Post-PTCA ECG

Nicky Heartbreaker



Heart Rate: 140 Rhythm Regular or **Irregular** (R-R Intervals): Irregular

P Wave (upright, inverted, absent, 1 to each QRS?) absent PR Interval: None

QRS Interval: QT Interval: ST Segment (elevated, depressed, or flat) flat

Interpretation: A-fib