

N431 Care Plan # 2
Lakeview College of Nursing
Taylor Hamilton

Demographics (3 points)

Date of Admission 10/11/2020	Patient Initials R.O.	Age 54	Gender Male
Race/Ethnicity Caucasian	Occupation Gas station attendant	Marital Status Divorced	Allergies PCN
Code Status Full Code	Height 5'10"	Weight 220 lbs	

Medical History (5 Points)

Past Medical History: Hypertension, hypercholesterolemia, obesity (BMI 31.6)

Past Surgical History: Appendectomy in 2007

Family History: Maternal diabetes, paternal MI with a stent placement, sister obesity

Social History (tobacco/alcohol/drugs): smokes cigarettes for past 30 years, since age 24, one pack a day, pt states that he drinks alcohol, "few beers on the weekends" years of alcohol use not stated, no report of drug use

Assistive Devices: N/a

Living Situation: Lives at home alone

Education Level: High school diploma, no other education

Admission Assessment

Chief Complaint (2 points): Substernal chest pain and nausea

History of present Illness (10 points): Patient is a 54-year-old male who came to the ED for substernal chest pain and nausea for the past hour and has been consistent. There was no report of any relieving or aggravating factors for the chest pain. He was prescribed Nitro for the chest pain that he was having. Upon admission to the ED, an EKG was performed which showed ST-elevation in leads I, II, and AVF. He has a family history of MI on the paternal side and a

medical history of obesity, hypertension, and hypercholesterolemia. He was then taken to the cardiac catheterization lab where it was discovered he had a 95% blockage in his right coronary artery. Dr. Whapham placed a stent and he was then transferred to the cardiac unit in the hospital.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): ST elevation myocardial infarction

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): A ST elevation myocardial infarction is heart attack that occurs due to one of the heart's arteries being blocked, and the ST elevation is when there is an abnormality detected on the EKG (Foth & Mountfort, 2018). A myocardial infarction occurs when there is a "death of heart muscle" (WebMD Staff, 2007). A myocardial infarction occurs following cardiac ischemia. Cardiac ischemia occurs when the arteries of the heart become blocked from oxygen, so if there is too long of a period where the heart muscles are not getting oxygen, the result is a myocardial infarction. This patient experiences a ST elevation myocardial infarction. For a myocardial infarction to be a ST elevation MI, there must be a complete occlusion, or blockage, of blood flow in one of the heart's arteries (Foth & Mountfort, 2018). There are many hallmark signs of a myocardial infarction that everyone should be aware of. These signs and symptoms include chest pain, shortness of breath, dizziness, left arm pain, faintness, or nausea. It is said that the pain of a heart attack can feel like there is someone squeezing the heart, and sometimes the pain could be so mild it could be overlooked as heartburn. Women are most likely to have different symptoms than males do that do not include the hallmark or normal signs and symptoms. Women may feel

fullness in their chest, arm, neck, back or jaw pain (WebMD Staff, 2018). During a myocardial infarction, there will likely be a change in the patient vital signs. These changes could include the patient becoming tachycardic, the pulse being irregular, blood pressure could be either hypertensive or hypotensive depending on the vasoconstriction, and the respiratory rate may be increased (Zafari, 2020). When there is a question about a myocardial infarction, there will be a need to do lab work to determine the level of damage to the heart muscle cells. This blood work will include labs like Troponin, CK, CK-MB, and there will usually be a repeat of these labs to monitor the damage that is done to the heart muscle cells. Other diagnostic test that could be done are an EKG, which monitors and records the heart's electrical activity, chest x-rays, echocardiogram, which measures the sound waves and creates an image of the moving heart, an angiogram, which reveals areas of blockage, and a cardiac CT or MRI (Mayo Clinic Staff, 2018). Following a heart attack, the main goal of the treatment is to restore blood flow quickly to prevent any further heart damage. Some of these treatment options include medications, procedures, and lifestyle changes. One medication that could be used is a thrombolytic, this medication is used to bust any clot that was already formed. This medication will not prevent future clots from happening, medications to prevent future clots would be antiplatelet agents, which is another kind of medication that could be used during or after a MI to prevent any future clots. Aspirin is another medication that can be used. Aspirin can help reduce blood clotting which in turn can help maintain a path of blood flow if there is a blockage in an artery. Another medication that will most likely be used is a blood thinning medication, like heparin. These are used to make the blood less "sticky" which makes clots less likely to form. Certain medications will be used to help the heart have to do a little less work by decreasing blood pressure, like beta blockers and ACE inhibitors. Lastly, pain medication will also be used in treatment of an MI.

These pain relievers may be medications like morphine and Nitroglycerin (Mayo Clinic Staff, 2018). This patient came into the ED with substernal chest pain and also nausea that he had been having for 1 hour. When the EKG was performed, it was shown that there was an ST elevation. He was then taken to the cardiac catheter lab where it was discovered that his right coronary artery had a 95% blockage. When his blood work was done, there was an elevation in both his Troponin level and also his CKMB levels indicating that there had been damage to the heart muscles. This patient also had a chest x-ray which did not show any abnormalities. Risk factors that this patient had that could have led to his myocardial infarction include him being a smoker for the past 30 years and his diagnosis of hypertension, hypercholesterolemia, and obesity. There was also a family history of a MI on his paternal side.

Pathophysiology References (2) (APA):

Foth, C., & Mountfort, S. (2018, December 16). *Acute Myocardial Infarction ST Elevation (STEMI)*. Nih.Gov; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK532281/>

Mayo Clinic Staff. (2018). *Heart attack - Diagnosis and treatment - Mayo Clinic*. MayoClinic.Org. <https://www.mayoclinic.org/diseases-conditions/heart-attack/diagnosis-treatment/drc-20373112>

WebMD Staff. (2007, September 17). *Understanding Heart Attack: The Basics*. WebMD; WebMD. <https://www.webmd.com/heart-disease/understanding-heart-attack-basics#1>

Zafari, A. M. (2020, March 22). *What are the irregular vital signs that may be observed in myocardial infarction (MI, heart attack)?* Medscape.Com. <https://www.medscape.com/answers/155919-15062/what-are-the-irregular-vital-signs-that-may-be-observed-in-myocardial-infarction-mi-heart-attack#qna>

Laboratory Data (15 points)

CBC **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	N/A			
Hgb	12.0-15.8		13.1	
Hct	N/A			
Platelets	N/A			
WBC	4.0-12.0		6.3	
Neutrophils	N/A			
Lymphocytes	N/A			
Monocytes	N/A			
Eosinophils	N/A			
Bands	N/A			

Chemistry **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	133-144		135	
K+	3.5-5.1		3.6	
Cl-	N/A			
CO2	N/A			
Glucose	70-99		171	The patient is not a diabetic, but his blood glucose levels could be

				elevated due to his obesity (Drugs.com Staff, 2020).
BUN	7-25		10	
Creatinine	0.5-1.0		1.53	According to the Mayo Clinic Staff, the patient could be dehydrated which could raise the Creatinine levels (Mayo Clinic Staff, 2018).
Albumin	N/A			
Calcium	N/A			
Mag	N/A			
Phosphate	N/A			
Bilirubin	N/A			
Alk Phos	N/A			
AST	N/A			
ALT	N/A			
Amylase	N/A			
Lipase	N/A			
Lactic Acid	N/A			
Troponin	0-0.4		0.98	Indicates there is damage to the heart muscle caused by the MI (Mayo Clinic Staff, 2019).
CK-MB	5-25		42	Indicates myocardial cell wall injury which was caused by the MI (Cabaniss, 1990).
Total CK	N/A			

Other Tests **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	N/A			
PT	N/A			
PTT	N/A			
D-Dimer	N/A			
BNP	N/A			
HDL	N/A			
LDL	N/A			
Cholesterol	N/A			
Triglycerides	N/A			
Hgb A1c	N/A			
TSH	N/A			

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	N/A			
pH	N/A			
Specific Gravity	N/A			
Glucose	N/A			
Protein	N/A			
Ketones	N/A			
WBC	N/A			
RBC	N/A			

Leukoesterase	N/A			
----------------------	-----	--	--	--

Arterial Blood Gas **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	N/A			
PaO2	N/A			
PaCO2	N/A			
HCO3	N/A			
SaO2	N/A			

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	N/A			
Blood Culture	N/A			
Sputum Culture	N/A			
Stool Culture	N/A			

Lab Correlations Reference (APA):

Cabaniss, C. D. (1990). *Creatine Kinase* (H. K. Walker, W. D. Hall, & J. W. Hurst, Eds.). PubMed; Butterworths.

<https://www.ncbi.nlm.nih.gov/books/NBK352/#:~:text=A%20significant%20concentration%20of%20CK>

Mayo Clinic Staff. (2019). *Understand blood tests for heart disease*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/heart-disease/in-depth/heart-disease/art-20049357>

Mayo Clinic Staff. (2018b). *Creatinine test - Mayo Clinic*. Wwww.Mayoclinic.Org. <https://www.mayoclinic.org/tests-procedures/creatinine-test/about/pac-20384646#:~:text=Generally%2C%20a%20high%20serum%20creatinine>

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-ray, EKG, Cardiac Catheterization

Diagnostic Test Correlation (5 points): Chest x-ray was negative for any acute abnormalities, cardiac silhouette is within normal limits. X-rays are done to view the chest wall and see if there are any abnormalities in the size of the heart or blood vessels along with looking at the lungs. ST elevation in lead I, II, and AVF as shown in the EKG. EKG are done to diagnose a heart attack based on the hearts electrical signals which are picked up by the EKG. Patient handled the cardiac catheterization well and a stent was placed in the right coronary artery where there was a 95% blockage. Cardiac catheterization is done to view where blockages are located and the severity of the blockage (Mayo Clinic Staff, 2018).

Diagnostic Test Reference (APA):

Mayo Clinic Staff. (2018). *Heart attack - Diagnosis and treatment - Mayo Clinic*. MayoClinic.Org.

<https://www.mayoclinic.org/diseases-conditions/heart-attack/diagnosis-treatment/drc-20373112>

Current Medications (10 points, 1 point per completed med)
10 different medications must be completed

Home Medications (5 required)

Brand/Generic	Lisinopril / Zestril	Atorvastatin / Lipitor	0.9% Sodium Chloride / Normal Saline	Docosate / Colace	N/A
Dose	10mg	20mg	125 mL/hr	100 mg	
Frequency	BID	Daily	Continuous	BID PRN	
Route	PO	PO	IV	PO	
Classification	Antihypertensive	antihyperlipidemic	Isotonic solution	Stool softener	
Mechanism of Action	Reduces blood pressure by inhibiting conversion of angiotensin I to II.	Reduces plasma cholesterol and lipoprotein by inhibiting HMG-CoA reductase and cholesterol synthesis by the liver.	Adds electrolytes into the body	Decreases surface tension between oil and water in feces	
Reason Client Taking	Hypertension	hypercholesterolemia	Fluids	Constipation	
Contraindications (2)	Patient with diabetes or renal impairment, use of sacubitril within 36 hours	Active hepatic disease, hypersensitivity to atorvastatin or its components	Dilution of serum electrolyte concentration, overhydration	Fecal impaction, symptoms of appendicitis	
Side Effects/Adverse Reactions (2)	Orthostatic hypotension, abdominal pain	Dizziness, vasodilation	Cerebral hemorrhage, hyperglycemia	Nausea, vomiting	
Nursing Considerations (2)	Shouldn't be given if hemodynamically unstable after an MI, monitor BP closely especially in first two weeks of therapy	Hold if experiencing unexplained muscle pain, tenderness, or weakness. Use cautiously if patient has a history of liver disease	Monitor for s/s of fluid overload, never administer in ICP patients	Assess for laxative abuse before administering, expect long term use to cause electrolyte imbalances	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor BP before administration	Liver function tests, lipid levels	Assess IV sites, blood pressure	Electrolytes, abdominal assessment	
Client Teaching needs (2)	Will not cure hypertension but will help control, must take at the same time every day	Take at the same time every day, take a missed dose as soon as possible when noticed, but do not double up on a dose	Bringing fluids into the body and rehydrating, using to maintain fluid balance	Do not take if experiencing nausea, vomiting or diarrhea, take with a full glass of water or milk	

Hospital Medications (5 required)

Brand/Generic	Aspirin /Bayer Chewable Aspirin	Heparin Sodium / Heparin	Nitroglycerin / Nitrolingual	Ondansetron / Zofran	Acetaminophen / Tylenol
Dose	81 mg	5,000 units	0.4mg	100 mg	650 mg
Frequency	Daily	BID	PRN	BID PRN	Q 6 hrs
Route	PO	SubQ	Oral – under the tongue	PO	PO
Classification	Anti-inflammatory	Anticoagulant	antianginal	antiemetic	Non-opioid analgesic
Mechanism of Action	Blocks inflammatory receptors that causes local swelling and pain & vasodilation	Enhances inactivation of the coagulation enzymes and prevents conversion of prothrombin to thrombin	Relaxes vascular smooth muscles by forcing calcium out of the muscle cells	Blocks serotonin receptors in the intestines which reduces nausea and vomiting by preventing serotonin release	Inhibits cyclooxygenase and interferes with the pain impulse
Reason Client Taking	Prevent MI	Prevention of blood clot	Chest pain	nausea	Mild to moderate pain & fever
Contraindications (2)	Asthma, bleeding problems	Uncontrolled active bleeding, history of heparin induced thrombocytopenia	Orthostatic hypotension, severe anemia	Use of apomorphine, congenital long QT syndrome	Severe hepatic impairment, active liver disease
Side Effects/Adverse Reactions (2)	CNS depression, GI bleed	Chest pain, easy bruising	Headache, urinary frequency	Dizziness, abdominal pain	Hypertension, stridor
Nursing Considerations (2)	Do not crush time released capsules, monitor for tinnitus	Give subq, use cautiously in alcoholics	Place under tongue and make sure it dissolves completely, place patch to hairless area	Monitor for s/s of serotonin syndrome, monitor electrocardiogram	Use cautiously in patients with hepatic impairment, can be crushed or swallowed whole
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Iron, PT	Coagulation tests	Pain levels	Electrolyte levels, bowel sounds	AST, ALT, Bilirubin, creatinine
Client Teaching needs (2)	Take with food or after meals, stop taking and call provider if noticing symptoms of	Cannot be taken orally, use soft bristle toothbrush and electric razor	Patient will most likely have a very bad headache, store medication in	Place on tongue immediately after opening the package, report any signs of a rash	Do not take more than the recommended dose, watch for signs of bleeding, easy bruising, and

	GI bleed		a place away from the heat		malaise
--	----------	--	----------------------------	--	---------

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook*. Burlington, MA.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>A&O x4, no acute distress, appeared stated age, appears well overall.</p>
<p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Skin is pink, warm, and dry. Turgor within 3 seconds, no rashes, bruises or wounds present. No drains present. Braden score: 23</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck symmetrical. No abnormalities, drainage or discharge from the ears, eyes or nose. Teeth present.</p>
<p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>S1 and S2 present with normal pattern and rate at 76 and 69 bpm when vitals were taken. No murmur, gallops, or rubs noted. Radial pulses were 2+. No vein neck distension or edema noted.</p>

<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Breath sounds clear and equal bilaterally, no wheezes or crackles noted. Breathing was nonlabored.</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>He was on a regular diet at home but education needs to be done to encourage a low fat diet. Last bowel movement is unknown. Bowel sounds present and normoreactive in all 4 quadrants, Abdomen was soft, nontender, no organomegaly, or masses upon palpation. No CVA tenderness. Upon inspection, no distension, scars, drains, or wounds. Incisional site in the left femoral region. Site was clean, dry, and intact with no bleeding. Incision site had gauze placed over the incision site and secured with a tegaderm. Height – 5’10” Weight – 220 lbs</p>
<p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Urine is light yellow and clear. Pt. has voided 800 mL in 4 hours. There was no reported pain with urination, no dialysis, no catheter.</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Fall score – 20 Patient has full ROM and does not require any supportive devices. Patient has equal strength bilaterally in all extremities. Patient is up ad lib with no assistance needed and is moving well.</p>

<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Patient is A&Ox4. Strength is equal and strong in all extremities. Mental status is intact, his speech is normal for his stated age and sensory is within normal limits. There was no LOC for the patient.</p>
<p>PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>The patient has appropriate coping mechanisms and has a high school education level. There was no report of any kind of religion for the patient and the patient is divorced and lives alone at his home. There is no other noted family or emotional support noted for the patient.</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	76	163/76	16	37.0 (98.6)	98% on RA
1100	69	124/63	18	36.9 (98.4)	97% on RA

Vital Sign Trends: His vital signs were stable besides his blood pressure being high. His blood pressure was better during the 11 o'clock vitals and only slightly hypertensive. The patient has a history of hypertension.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	1-10	Catheterization site	4/10	Generalized pain	Tylenol administered
1100	1-10	Catheterization	1/10	Generalized	No

		site		pain	interventions done at this time
--	--	------	--	------	---------------------------------

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	18G L AC on 10/11/20 with NS at 125 mL/hr infusing without difficulty. No signs of erythema, no drainage, dressing clean, dry and intact 18G R AC on 10/11/20 with no complications, patent dressing that is clean, dry, and intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
125 ml/hr x4 hr = 500 mL	Void 800 mL
420mL PO intake	BM x1
Total: 920 ml of intake	

Nursing Care

Summary of Care (2 points)

Overview of care: This patient came to the ED complaining of substernal chest pain and nausea. After an EKG it was revealed that he was having an ST elevation MI. His treatment has included a cardiac stent being placed in the cath lab where a 95% blockage was noted in his coronary artery. The patient has a past medical history of hypertension, hypercholesterolemia, and obesity so there has been education on modifying his lifestyle to a low-fat diet and also was encouraged to stop smoking after doing for the past 30 years.

Procedures/testing done: The patient had an EKG, chest X-ray, and a cardiac stent placed following the diagnosis of his MI.

Complaints/Issues: There has been no complains or issues reported by the patient.

Vital signs (stable/unstable): This patient's vital signs were stable for the most part. His blood pressure was slightly elevated but the patient has a history of hypertension.

Tolerating diet, activity, etc.: The patient appears to be tolerating his diet and activity well.

Physician notifications: There were no physician notifications other than to follow up on week following discharge.

Future plans for patient: Future plans for the patient include that he will be discharged to his home and will be educated on lifestyle changes that could prevent this kind of event from happening again. He also will be sent home with a new medication of Aspirin 81 mg, which will require further education.

Discharge Planning (2 points)

Discharge location: Home by himself

Home health needs (if applicable): None needed

Equipment needs (if applicable): None needed

Follow up plan: Will follow up with Dr. Nallamothu with cardiology one week after discharge.

Education needs: Lifestyle modifications like diet changes to a low diet, getting activity in his daily life, smoking cessation, and new medication education before discharge.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Intervention (2 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. At risk for bleeding related to administration of heparin and aspirin</p>	<p>This patient is now on both heparin and aspirin which increases the risk of bleeding.</p>	<p>1.Educate about bleeding precautions 2.Educate on s/s of internal bleeding</p>	<p>The patient should be educated on how serious bleeding can be. He needs to be aware of using things like a razor or avoiding injuries. Monitor for signs nose bleeds, unusual bruising, black or tarry stool, cloudy or dark urine, or severe abdominal pain</p>
<p>2. At risk for knowledge deficit related to lifestyle changes needed as evidence by hypertension, STEMI, and hypercholesterolemia</p>	<p>The patient needs to be educated on lifestyle changes that are necessary to ensure he does not experience another MI</p>	<p>1. Smoking cessation education 2.Lifestyle modifications of low fat diet and incorporating exercise into daily life.</p>	<p>Lifestyle changes like the cessation of smoking, a low fat diet and getting activity in each day can decrease the chances of another MI. Could also help with his hypertension, hypercholesterolemia, and obesity.</p>
<p>3. Risk for ineffective tissue perfusion related to constriction of vessels as evidence</p>	<p>The patient is at a risk for ineffective tissue perfusion due to his high</p>	<p>1. Continue with aspirin and heparin therapy compliance</p>	<p>With the patients medical history, ensuring that the patient is on a blood thinner to reduce the risk of a complete blockage in the arteries.</p>

<p>by hypercholesterolemia</p>	<p>cholesterol which can cause a build up on the walls of the arteries which can reduce blood flow to the heart</p>	<p>2 Monitor clotting times</p>	
<p>4. At risk for acute pain related to cardiac catheterization as evidence report of pain at 0700</p>	<p>The patient had a procedure following his MI resulting in pain at the incision site and also the possibility of pain due to the cardiac ischemia</p>	<p>1. Administration of pain medication as needed 2. Incorporate relaxation into care</p>	<p>Patient will have some discomfort / acute pain following the MI and stent placement. Staying on top of the pain will be necessary along with promoting relaxation will assist in the healing process.</p>

Other References (APA):

Concept Map (20 Points):



