Lakeview College of Nursing
Clinical Preparation Assignment

Name: Caprice Hudson Date/Week: 2-6-13 Adm. Diagnosis: myocardial infarction
Allergies: NKA

(pts)

Initials: D.B. Age: 55 Ht 62in. Wt 98.6kg

Gender: F Ethnicity: African American

Occupation: Unemployed, worked as a housekeeper prior to unemployment

Education: Highest level of school completed was the 9th grade

Where do I live? D.B lives in Champaign, IL with her husband who is her primary caregiver

Do I have any other family? The pt has a sister and brother that live in the area

Admission Info: (why and how did I come to hospital): D.B. came into the Emergency room with chest pain that radiated to her back and left jaw and arm. Her symptoms started at 9am on 2/4 and persisted which caused her to seek medical attention.
I need help with: D.B. has an amputated left leg and requires some assistant with daily activities

I have/do not have D.B. has no DNR, POA or living will

Activity Level: D.B. has limited activity due to left amputated leg

Medical History: cirrhosis, delirium tremors, hepatic encephalopathy, hepatitis B & C, alcohol abuse for 40 years, tobacco use – a pack/ day smoker for 40 years, Vitamin D deficiency, heroin addiction, Wernicke Korsakott syndrome, possible Parkinson's disease

Surgical History: left aortofemoral bypass and the left BKA,

What equipment am I using? (Circle all that apply)

Incentive Spirometer
Foley
IV
Telemetry
Oxygen via nasal cannula
Introducer in R jugular
Arterial line in L arm
Chest Tube
NG Tube
Comprssion cuffs

I am rating my pain as a
0/10. I described it as
Pt did not have any pain upon assessment

LAB DATA Low labs are indicated by blue and elevated labs are red(pts)

TEST	NORMS	ON ADM	NOW	TEST	NORMS	ON ADM	NOW	TEST	NORMS	ON ADM	NC
WBC	4.0-11.0	8.30	7.20	RBC	4.36-5.60	4.67	4.16	K	3.4-5.1	4.0	4.1
DIFF: Monocytes Lymphocytes Neutrophils Eosiniphils Basophils	 0.3-1.0 0.60-3.40 1.70-7.70 0.0-0.5 0.0-0.2	 0.3 2.8 5.2 0.1 0.0	 0.1 2.1 4.8 0.1 0.0	HGB/ HCT	13.0-17.0/38.6-49.2	16.0/46.7	14.2/41.5	NA	136-145	153	13(
PT	8.9-11.9	11.2	11.2	PLT	150-450L	213	168	CL	98-109	99	98
INR	0.9-1.1	1.1	1.1	CK-MB	0-5ng/ml	3.1	11.50	CA	8.5-10.5	9.7	8.9
GLUCOSE	70-99	133	126	Troponin	0-0.1 ng/ml	0.0.144	0.348	CO2	23-31 L	21	20

cholesterol		N/A	N/A	BUN	6-26	11.0	12.0	MG	1.6-2.6	N/A	1.7
bilirubin	0-1 ng/dl	N/A	N/A	CREATININE	0.5-1.20	0.8	0.8	Ammonia	16-60	N/A	N/A
Cortisol	2.3-11.9 ug/dl	**N/A**	N/A	GFR	>60ml/min	90	90	Albumin	3.2-4.5L	**N/A**	**N/A**

DIAGNOSTICS: Test & Results

Chest X-Ray- 2/4/13 showed no increase in heart size an pulmonary vascularity was normal, no pneumothorax or pleural effusion present.

ECG: showed abnormal T wave and lateral ischemia considered and normal sinus rhythm

CORRELATION: How does each abnormal test or lab relate to the diagnosis:

Glucose- Pts glucose levels were elevated upon admission. The patient has an history of Diabetes mellitus and her glucose could also be elevated related to the stress caused by the MI

RBC- showed slight decrease and this could be related to iron deficiency, or stress level

Troponin - troponin proteins are released when heart muscles are damaged, which occurs due to an MI and this releas of troponin causes elevated lab levels

Sodium- The pt had elevated sodium levels could be related to the Lisinopril that she was taken because Lisinopril decreases the release of aldosterone which can cause a slight increase in sodium and potassium levels (Karch, 2007)

CO2 – CO2 levels showed a slight decreased possibly due to the stress caused by the MI

CK-MB the pt. had elevated CKMB due to the MI she suffered which also indicates damage to the heart

Pathophysiology: Review <u>all data collected</u> and describe what is happening at the cellular, organ, & system level, may use admitting or secondary diagnosis depending on Instructor preference.

Myocardial infarction occurs when there is a blockage of blood flow which causes damage or death of the heart muscle. The most common cause of an MI is a blood clot that blocks the coronary arteries (Heart attack, 2012). If this occurs the heart does not receive sufficient amounts of oxygen causing death of heart cells. In the case of my patient who has a history of hyperlipidemia I think her MI may have been due to a buildup of plaque, which may also block the coronary arteries. Chest pain is the most common symptom of an MI and the pain may radiate from the chest to your arms, shoulder, neck teeth , jaw, belly or back (Heart attack, 2012). My patient experienced pain that radiated from her chest to her left arm, her jaw and her back. My patient also experienced some severe pain rating her pain as a 10. MI's may cause pain that last longer than 20 minutes; my patient had persistent pain until she arrived at the ED (Heart attack, 2012). My patient did not complain of SOB, anxiety, cough, N/V or sweating which are symptoms that may present with a pt experiencing a MI. My patient received an Echocardiogram to examine damage and a troponin

blood test, which confirmed my patient's heart attack. Treatment for my patients MI included oxygen, IV nitorglycerine and aspirin. In most cases a person who experience a MI may slowly go back to normal activities. The chances of having another MI is increased for my patient (Heart attack, 2012).

MEDICATIONS:
(pts)

List all medications ordered for your patient. Complete first four columns prior to clinical; last column MUST be completed at end of clinical session.

Name, dose & frequency of administration for this patient. Plus usual dose and frequency of prescription.	Classification & mechanism of action. [Use your drug guide!]	Why is medication ordered for THIS patient?	Nursing Precautions/ Considerations with this medication.	Evaluate medicatio effectiveness for TH patient (patient response).

Aspirin 325mg PO daily, normal range is 325-600mg	Antipyretic, it inhibits platelet aggregation it also relieves pain by of inhibiting the synthesis prostaglandins.	This medication is order for my patients chest pain and prophylaxis treatment of MI	Precautions with aspirin includes respiratory alkalosis, bronchospasm, nausea , occult blood loss, anaphylactoid shock	My patient did not have any pain, she rated pain ass a 0/1 and did not experience a recurrent MI while hospitalized. She di not experience any other adverse effect listed.
Lisinnopril 40mg, PO b.i.d. normal range is 20-40mg start with 5 mg within 24 hr of MI	Ace inhibitor, antihypertensive, Lisinopril works on the RAS and it blocks the conversion of angiotensin I to angiotensin II leading to decreased BP, which may cause a small increase in serum potassium levels and sodium and fluid loss	This medication is treatment for patients HTN, it also improves survival after MI	Precautions with Lisinopril includes headache, orthostatic hypotension, gastric irritation, proteinuria, neutoopenia, angioedema and airway obstruction	My patient did not have complaints of headache and her B was 167/63 before receiving meds and vitals were schedule every 4 hrs and BP was not checked again through 8am-12pm shift
Carvedilol 6.25 PO twice a day, normal range is 6.25-25mg twice daily	Beta blocker, antihypertensive. Carvedilol works by blocking alpha, beta and beta2 adrenergic receptors which leads to a lower BP	This medication is given to my patient for Tx of HTN and also it and it also useful for left ventricular dysfunction after her MI	Precautions with Carvedilol include dizziness, bradycardia, gastric pain, hepatic failure, rhinitis and fatigue	My patient did not have complaints of dizziness or gastric pain her BP was 167/63 before receiving meds pt vitals were schedule every 4 hrs and BP was not checked again through 8am-12pm shift
Amlodipine 10mg PO daily, normal range	Calcium channel blocker,	This medication is ordered for	Precautions with Amlodipine dizziness, peripheral edema,	My patient did not have any adverse affects BP was 167/

is 5mg PO daily	antihypertensive Amlodipine inhibits movement of calcium ions across cardiac membrane and arterial muscle cells which slows conduction of cardiac impulse, depression of myocardial contractility and dilation of coronary arteries which leads to a decreased cardiac workload.	treatment of my patients HTN	flushing and nausea	meds pt vitals were schedule every 4 hr and BP was not checked again through 8am-12pm shift
Gabapentin 300mg PO three time daily, normal range is 900-1800mg/day PO three times daily	Antiepileptic, it inhibits polysynaptic responses and block posttetanic potentiation	This medication is order for my pts neuropathic pain related to pts diabetes and BKA	Precautions with Gabepentin includes dizziness, pruritis, dyspepsia, rhinitis, weight gain	My patient did not have any adverse effects she rated pa as 0/10
Clopidogrel 75mg PO daily, normal range is 75-325mg	Antiplatelet, it inhibits platelet aggregation by blocking adenosine diphosphate (ADP) receptors which prevents clumping of platelets	This medication is for treatment of my pts MI and to prevent clots	Precautions with clopidogrel includes headache, HTN, rash, nausea, GI distress	My patient did not have any adverse effects, no headach HTN, rash, nausea, GI distress no symptoms of a clot such as pain during humans test and sk temperature was normal
Pentoxifylline 400mg twice daily with meals, normal range is 400mg three times daily with meals	Hemorrheologic drug it reduces RBC and platelet aggregation and hyperviscosity and decreases fibrinogen concentration in the blood	This medication is ordered improves patients intermittent claudication beause the pt has a history of vascular disease	Pentoxifylline may cause dizziness, angina, dyspepsia	The pt did not devel clot and her platelet count was WNL, RBC's were slightly decreased
Fenofibrate 160mg	Antihyperlipidemic,	This medication is	Fenofibrate precautions include	Fenofibrate was not given during my shi

PO daily PM normal range is 130-200mg	inhibits triglyceride synthesis in the liver resulting in a reduction in VLDL.	ordered for treatment of my pt's hyperlipidemia	angina, rash, n/v, peptic ulcer, impotence, leucopenia, myalgia	
Famotidine 20 mg twice a day, normal range is 10-20mg daily	Histamine 2 receptor antagonist blocks the action of histamine at the histamine receptors, which inhibits gastric acid secretion	This medication is order to prevent stress ulcers	Precautions with Famotidine is headache, rash, diarrhea, muscle cramp	My patient did not report any heartburn gastric discomfort before or after receiving meds
Nitroglycerine 50mg/D5W 250 mL continuous, normal range is 5mcg/min in increments every 3-5 min	Antianginal, it relaxes smooth muscles which decrease arterial BP, which reduces left ventricular workload and dec myocardial oxygen consumption	This medication is ordered to prevent for treatment of angina related to MI	Precautions with Nitroglycerine headache, hypotension, rash, nausea, local burning sensation at the point of dissolution	Pt had no complaint of chest pain and sh rated pain as 0/10
Pravastatin 40mg PO nightly, normal range is 40-80mg/day	Antihyperlipidemic, inhibits the HMG-CoA enzyme, resulting in a decrease in serum cholesterol and is associated with a decreased risk of CAD	This medication is ordered for treatment of the pt's hyperlipidemia	Precautions headache, fatigue, flatulence, elevations of CPK	Pravastatin was not given during my shi
Albuterol inhale 1-2puffs every 4 hrs, normal range is 2 inhalations every 4-6hrs	Beta2 selective adrenergic agonist, bronchodilator, it acts on beta 2 receptors to cause bronchodilaltion and vasodilation	This medication is ordered because the pt has asthma	Precautions with Albuterol include cardiac arrhythmias, sweating, n/v, bronchospasm	Albuterol was not given during my shi
Tiotropium bromide capsule inhaled 1 puff daily, normal dose is 1 capsule per day	Anticholinergic, causes smooth muscle relaxation leading to bronchodilation	This medication is order for treatment of pts asthma	Precautions with Tiotropium bromide includes blurred vision, edema, dry mouth, epistaxis, myalgia, UTI	Tiotropium bromide was not given durin my shift.
Eptifibatide IV	Antiplatelet drug, it	This medication is	Precautions with	Eptifibatide was not

solution 0.75mg/mL 100mL vial injection, normal range is 0.75-2mg/mL	inhibits platelet aggregation by binding to the glycoprotein IIb/IIIa receptor on the platelet, preventing the binding of fibrinogen and othe ligands to the platelet.	order for treatment	Eptifibatide include headache, rash, nausea, thrombocytopenia, bleeding, hypotension	given during my shi

PHYSICAL ASSESSMENT DATA (COLLECT OWN DATA)
(pts)

Vital Signs: Pulse Ox %: 93 Receiving O2	**BP:**167/63	**Pulse: 71** Rhythm: regular	**Respirations: 24** Rate: fast Depth: shallow Rhythm: wheezing	**Temp:** 98.5 Route: Ear	**Pain:** Rating: 0 /10 Characteristics:

via nasal cannula					
NEUROLOGICAL: MAE: Yes PERLA: Yes Strength Equal: Orientation, Mental Status, Speech, Sensory, LOC,			Pt was oriented and alert x 3, her speech was clear and she had movement of all her extremities including her amputated limb. Her pupils were equally reactive to light and accommodating		
MUSCULOSKELETAL: Neurovascular status, ROM, Supportive devices/strength ADL Assistance Fall Risk: high Fall Score 5 Activity/Mobility Status			Pt has limited activity due to amputated limb but she had complete range of motion of all limbs AEB by her ability to move arms and legs to a 90 degree level. Pt reports the use of a cane and wheel chair at home.		
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Peripheral Pulses, Capillary refill: <3 sec. Neck Vein Distention: No distention Edema: some Location of edema: pretibial			S1 and S2 were audible and regular, no s3 or S4 sounds detected. There was no neck vein distention noted.Pt did have some Edema in the pretibial area		
RESPIRATORY: Accessory muscle use: None Breath Sounds: Location, character			No accessory muscles were used and breathing was fast and wheezes were detected bilaterally. respirations rate was 24		
GASTROINTESTINAL: Diet at home : No specific diet at home Current Diet: cardiac diet/ no salt added Height: 62 in Weight: 98.6kg Auscultation: Bowel sounds, other sounds Last BM, character & freq of stools Palpation: Pain, Mass etc Inspection: distention, incisions, scars, drains, wounds Ostomy: None Nasogastric: None Feeding tubes/PEG tube None Type			bowel sounds are present in all 4 quadrants. Pt has a round belly, no distention, incisions, scars or drains present. pt reported no pain upon palpation. Pt does not have an ostomy NG tube or feeding tubes. Pt reported last bowel movement on Monday evening, she reported no pain or constipation and no runny or bloody stools.		
INTEGUMENTARY: Skin color, character, turgor, rashes, bruises, wounds: character, drainage, approximation etc. Braden scale: 17 Drains present: None Type_____			skin is consistet with african American background. Pt has a incision in her groin area from the cardio catherization. no excess moisture or dryness of the skin.		

EENT: Ears: Eyes: Nose: Teeth:	Pt's nose was midline she had no drainage from her nose or ears, there was no bruising or sunburn noticed on her ears. The pt had some missing front teeth and does not wear dentures. Eyes were PERLA and there was no jaundice present.
GENITOURINARY: Color, character, quantity of urine, pain, Dialysis Inspection of genitals Catheter: None Type	Urine was yellow she had no pain during urination, her output was 400mLs genitals not inspected. Pt has no cathether and does not recieve dialysis
PSYCHOSOCIAL/CULTURAL: Coping methods, Educational level Developmental level, Ethnicity, Religion & what it means to pt. Occupation (previous if retired) Personal/Family Data (Think about home environment, family structure, and available family support)	Pt is african American. Pts primary coping method is watching TV and talking to her relatives when they visit her. The pt completed 9th grade and currently is unemployed but reported working as a house keeper. She lives in Champaign with her husband, which is also her primary care giver. She has a brother and sister. She identifies her self as a baptistand she feels that she has great support from her husband and siblings when needed.

USE THE BACK OF THE SHEET FOR ADDITIONAL SPACE FOR DETAILS. EXPECTATIONS MAY VARY FOR DIFFFERENT COURSES

List ANY DATA/ FINDINGS i.e. Signs & Symptoms, Family Info, History etc. that have or could have any impact on the care for this client/patient.

(pts)

Problem List (pts)	Nursing Concern/Diagnosis **(pts)** One diagnosis may represent several problems

• Myocardial infarction • diabetes mellitus type 2 • Hypertension • Hyperlipidemia • peripheral neuropathy	• Acute chest pain • decreased cardiac output • Fear • Risk for activity intolerance • Deficient knowledge

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1st Priority Nursing Diagnosis: **(pts)** Acute chest pain related to myocardial ischemia AEB elevated troponin levels (0.348ng/ml), CK-MB (11.50) incresed respiration (24), patient verbalized pain

2nd priority Nursing Diagnosis:Decreased cardiac output related to impaired contractility AEB changes ECG changes (Abnormal T wave), angina and elevated BP(180/67)

Nursing Diagnosis (restated):Acute chest pain related to myocardial ischemia AEB elevated troponin levels (0.348ng/ml), CK-MB (11.50) incresed respiration (24), patient verbalized pain

Decreased cardiac output related to impaired contractility AEB changes ECG changes (Abnormal T wave), angina and elevated BP(180/67)

What does the patient/client need to accomplish? **GOALS/OUTCOMES** Nurse or client perspective	What can the nurse do to help resolve the problem? **IMPLEMENTATION** Nursing Interventions	Why will the nurse do these actions? **SCIENTIFIC RATIONALE** Be sure to include source using APA format

1. Pt maintains a normal BP, regular cardiac rhythm, clear lung sounds throughout shift (8am-12pm).	• Assess heart rate and blood pressure	sinus tachycardia are seen in early stages, BP drops as problem is resolved (Gulanick & Myers, 2007).
	• Asess skin color and temperature	Cold and calmy skin is seen in patients with a low cardiac output and desaturation. Also seen as a compensatory mechanism that causes an increase in the sympathetic nervous system (Gulanick & Myers, 2007).
	• assess heart sounds gallops, S3 and S4 sounds	S3 sounds indicate reduced ventricular ejection and is a classical symptom of left ventricular failure. S4 sounds indicate reduced compliance of the left ventricle which impairs diastolic filling (Gulanick & Myers, 2007).
2. Pt will report comfort through out 8am-12pm shift	• continue to assess patients chest pain and response to medication	Ongoing pain can signify prolonged myocardial ischemia and this warrants immediate intervention (Gulanick & Myers, 2007).
	• position pt comfortably, preferably in Fowlers position	This allows for full lung expansion (Gulanick & Myers, 2007).
	• Pt will receive Tylenol if she has any complaints of a headache (a common side effect of MI).	
1. Pt verbalizes a relief from pain throughout shift (8am-12pm).	• Assess for symptoms of acute MI pain	Pt with symptoms of an MI can have different characteristics. Older patients, women and diabetics have atypical symptoms of an MI. common symptoms are SOB and substernal chest pain. careful assessment can lead to early or appropriate treatment (Gulanick & Myers, 2007).
	• Note the time of the first episode of chest pain	If less than 6 hours, the patient may be able to receive thrombolytic therapy(Gulanick & Myers, 2007).
	• Assess prior treatments for	

	pain	Patients may ahve tried different pain relief methods at home. some patients may have taken sublingual nitroglycerin and a single dose of aspirin before seeking medical attention (Gulanick & Myers, 2007).
2.Pt will recieve scheduled meds throughout shift (8am-12pm).	• Adminstere oral aspirin	Aspirin decreases platelet aggregatrion and improves mortalitality and morbidity rates if used within 24 hrs of onset of chest pain (Gulanick & Myers, 2007).
	• Adminster angiotensin-converting enzyme inhibitors	Research supports the use of ACE inhibitors after MI and in patients with diabetes because the risk for recurrent MI and progression to heart failure and mortality is reduced (Gulanick & Myers, 2007).
	• administer Beta blocker	research reports decrease in mortality in acute MI and reduction of recurrent MI.

pts **pts**

pts **pts**

Reference(s): List all on back page or attach additional page. Use APA format.

(pt)
Heart Attack. (2012). In PubMed Health. Retrieved from www.ncbi.nih.gob/pubmedhealth/PMH0001246/
Gulanick, M., Myers, J. (2007). Nursing care plans.