



Chest Pain Management of the Medical-Surgical Patient

Simulated Clinical Experience (SCE™) Overview

Location: Medical-Surgical Unit

History/Information:

This patient is a 35-year-old male who underwent a laparoscopic gastric banding procedure for morbid obesity one day ago. His height is 5'8" and his weight preoperatively was 170.5kg. He has no history of significant medical problems. His postoperative period has been uneventful and he has been progressing as expected. This morning while being assisted out of bed to a chair, he developed substernal "sharp burning" pains which he rated an 8/10. The patient denies any radiation of the pain or any shortness of breath. As the nurse assigned to his care, you are called to evaluate him.

Healthcare Provider's Orders:

Esophagram with gastrograffin in AM
Complete blood count and Electrolytes, BUN, Creatinine, Glucose in AM
Vital signs every four hours
Check pulse oximetry every six hours x 24 hours
Incentive spirometer every two hours while awake
Sips of ice chips every hour, if tolerated progress to sips of clear liquids every hour
IV of LR at 125mL/hour
Cefoxitin sodium 2grams IV every six hours x 4 doses
Morphine sulfate PCA: 2mg every 15 minutes with four hour lock out of 32mg
Morphine 2-3mg bolus for break thru pain every two to four hours prn
Famotidine 20mg IV every 12 hours
Metoclopramide 10mg IV every 12 hours
Enoxaparin 40mg SQ every AM
Promethazine HCL 12.5mg IV every two hours prn nausea
Sequential compression devices
Ambulate next day every two hours
Intake and Output every eight hours
Discontinue urinary catheter in AM
Weigh in AM
Notify the healthcare provider for:
 HR greater than 140 or less than 60
 Systolic BP less than 100 or greater than 180
 Urine output less than 240 mL/8 hours
 Temp greater than 38°C
 SpO₂ less than 92%

Learning Objectives

1. Designs an individualized plan of care for the nursing management of a postoperative laparoscopic gastric banding patient who experiences chest pain (SYNTHESIS).
2. Prioritizes the implementation and approach to the nursing care of the postoperative laparoscopic gastric banding patient who experiences chest pain (ANALYSIS).
3. Evaluates the patient's response to interventions and modifies the nursing care as appropriate (EVALUATION).

Questions to Prepare for the Simulated Clinical Experience

1. Discuss the etiology and pathophysiology of morbid obesity. Include in the discussion the current accepted diagnostic criteria for morbid obesity.
2. Discuss collaborative conservative care for morbid obesity including nutritional therapy, exercise, behavior-cognitive modification, and drug therapy.
3. Discuss surgical interventions for morbid obesity including Roux-en-Y gastric bypass, vertical banded gastroplasty and laparoscopic gastric banding. Differentiate the method of weight loss, anatomic changes, advantages, and risks of each.
4. Identify the components necessary to include in the nursing assessment of the obese patient.
5. Identify the modifications to the care environment that may be necessary for the morbidly obese patient undergoing surgical treatment.
6. How will the nursing management strategy need to be adapted to care for the morbidly obese patient?
7. What are the most common complications after surgical treatment for obesity?
8. Outline the components of a patient teaching plan including the preoperative, postoperative, and discharge phases of his care.
9. When a patient complains of chest pain, what is the appropriate response of the nurse? Identify the nursing management approach to use in caring for such a patient.
10. Discuss the medical management of chest pain including how the various therapies relieve chest pain.
11. Do chest pain and angina mean the same thing? Discuss your answer.

References

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