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03/10/2023

Medical Case 4: Carl Shapiro

Documentation Assignments

1. Document Carl Shapiro's cardiac rhythms that occurred in the scenario.

Patient had a sinus rhythm with PVCs then change to sign of myocardial infarction and witnessed ventricular fibrillation.

2. Document the changes in Carl Shapiro's vital signs throughout the scenario.

Initial Assessment V/S
HR: 87
Radial Pulse: 90 per minute and regular
BP: 123/74
RR: 12
SPO2: 96%
T: 98.6 F (37 C)

Right before initiated code blue
HR: 86
BP: 106/63
RR: 20
SPO2: 96%
T: 98.6 F (37 C)

Ventricular Fibrillation
HR: -
BP: -
RR: 0
SPO2: -
T: 98.6 F (37 C)

During CPR and Defib Right before handing off to Code team
HR: 92
BP: 80/48

RR: 8
SPO2: 96%
T: 98.6 F (37 C)

3. Identify and document key nursing diagnoses for Carl Shapiro.

Unstable angina, Myocardial infarction, STEMI, sinus rhythm with PVCs.

4. Referring to your feedback log, document the assessment findings and nursing care you provided.

Patient is a 54-year-old male who has been diagnosed with ACS. Patient is A&O x4 and has N.K.D.A. Patient vital signs are HR: 87, Radial Pulse: 90 per minute and regular, BP: 123/74, RR: 12, SPO2: 96% and T: 98.6 F (37 C). I assessed the patient's IV site; it is dry and intact, with no signs of swelling, redness, or infiltrations. Auscultated the patient's heart sound and detected no murmurs, normal S1, and S2 heart sounds. The patient is not experiencing any pain, stating that it "comes and goes." He stated that the pain is in his chest area and left arm, and nothing helps to relieve the pain, even at rest. He also indicated that pain lasted about half an hour and rated it a 5/10. The patient stated that the medication given had relieved his pain. The patient is on a continuous ECG and SPO2; the ECG reads sinus rhythm with PVCs. The patient's status changed, and he was experiencing an inferior myocardial infarction. I initiated CPR and code blue. The patient's ECG read ventricular fibrillation, so the patient also received defibrillation. The code team arrived and delivered the patient's history.