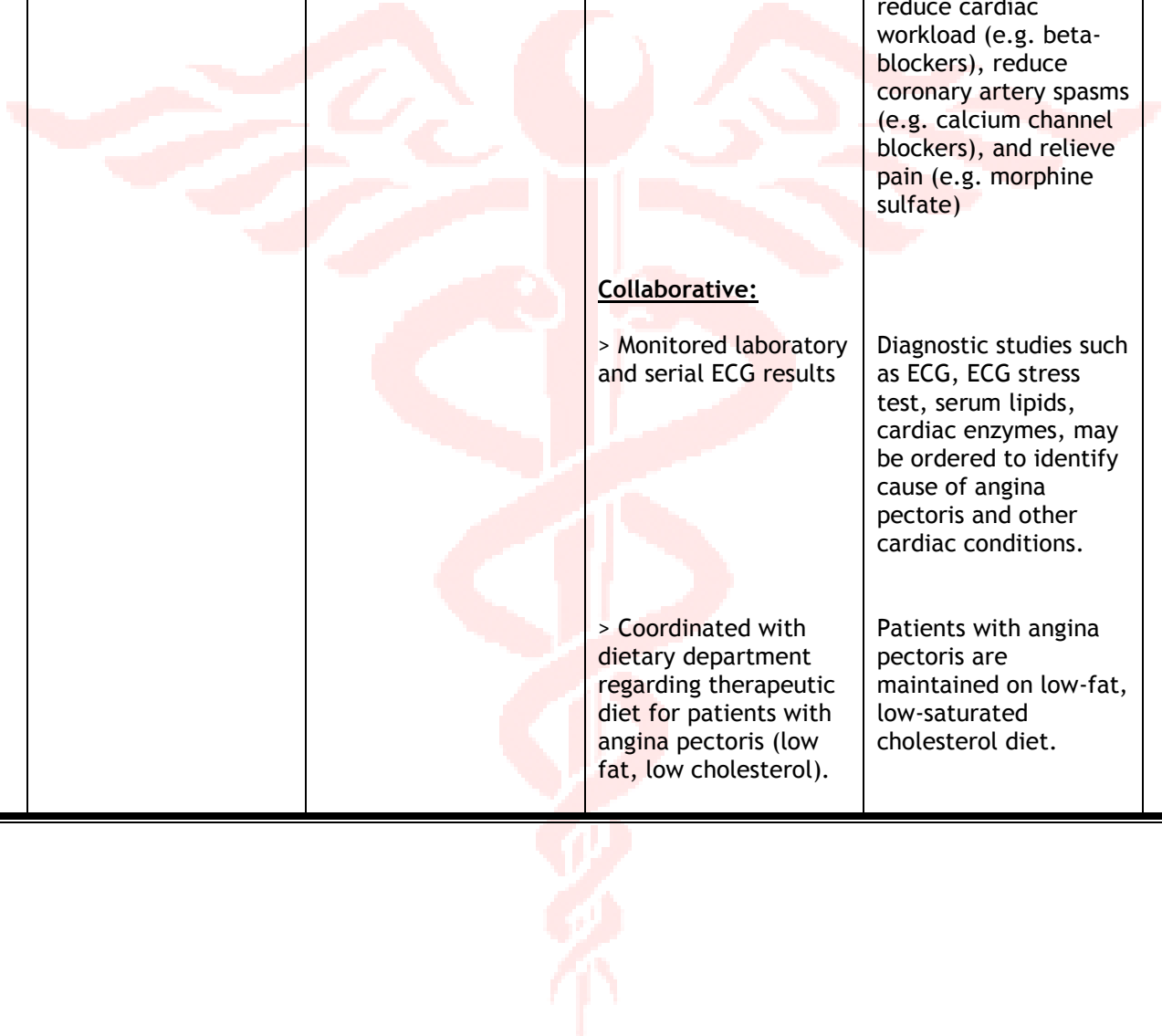


## NURSING CARE PLAN

ASSESSMENT	NURSING DIAGNOSIS	PLANNING	NURSING INTERVENTION	RATIONALE	EVALUATION / OUTCOME
<p><b>Subjective Cues:</b></p> <p>&gt; Patient states, “ The chest pain started when I took the stairs.”</p> <p><b>Objective Cues:</b></p> <p>&gt; facial grimacing</p> <p>&gt; increased heart rate (HR= 115)</p> <p>&gt; increased blood pressure (BP=150/100)</p> <p>&gt; increased respiratory rate (RR = 26)</p> <p>&gt; diaphoresis</p> <p>&gt; restlessness</p> <p>&gt; ECG results reveal depressed ST segment</p>	<p>Pain, acute, related to increased cardiac workload and decreased myocardial blood flow</p> <p>(A state in which an individual experiences and reports the presence of severe discomfort or an uncomfortable sensation)</p>	<p>Within 8 hours, patient will:</p> <p>&gt; report chest pain decreased in frequency, duration, and severity</p> <p>&gt; demonstrate relief of pain as evidenced by stable vital signs and absence of restlessness and grimacing</p>	<p><b>Independent:</b></p> <p>&gt; Obtained resting vital signs</p> <p>&gt; Placed patient on complete bed rest during anginal episodes.</p> <p>&gt; Placed patient on semi-Fowler’s position.</p> <p>&gt; Monitored vital signs q 5 mins during initial anginal attack.</p> <p>&gt; Monitored heart rate and rhythm</p> <p>&gt; Maintained quiet, comfortable environment; restrict visitors as necessary.</p>	<p>Baseline data is important to help determine patient’s current health status and evaluate efficacy of nursing interventions rendered.</p> <p>Reduces myocardial oxygen demand to minimize risk of tissue injury.</p> <p>Relieves shortness of breath and decreases myocardial workload.</p> <p>Blood pressure may initially rise and then fall if cardiac output is compromised. Tachycardia also develops and may be sustained if cardiac output falls.</p> <p>Patients with unstable angina have an increased risk of acute life-threatening dysrhythmias.</p> <p>Mental and emotional stress increases myocardial workload.</p>	<p>Goal met. Patient demonstrated relief of pain as evidenced by:</p> <p>&gt; verbal reports of absence of chest pain</p> <p>&gt; stable vital signs</p> <p>&gt; absence of restlessness and grimacing</p>

		<p>&gt; Provided light meals; encouraged patient to rest for 1 hr after meals</p> <p>&gt; Instructed patient to notify nurse immediately if chest pain occurs.</p> <p>&gt; Provided emotional support.</p> <p>&gt; Provided client teaching and discharge planning on:</p> <ol style="list-style-type: none"> <li>medication regimen</li> <li>ways to minimize events that precipitate anginal attacks.</li> </ol> <p><b><u>Dependent:</u></b></p> <p>&gt; Provided supplemental oxygen as ordered</p> <p>&gt; Administered antianginal medications as ordered</p>	<p>Decreases risk of myocardial attack by decreasing myocardial workload.</p> <p>Pain and decreased cardiac output may complicate and prolong an anginal attack.</p> <p>Reduces anxiety.</p> <p>Patient must be taught on the proper use of medications along with expected side effects (eg. Nitroglycerin). It is also important to encourage patient to avoid stressful events, quit smoking, avoid overexertion, have a regular exercise program, and maintain a low-fat, low cholesterol diet and small, frequent meals.</p> <p>Increases oxygen available for myocardial uptake/reversal of ischemia.</p> <p>Patients with angina pectoris are given medications that promote vasodilation (e.g. nitroglycerin),</p>
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			<p>reduce cardiac workload (e.g. beta-blockers), reduce coronary artery spasms (e.g. calcium channel blockers), and relieve pain (e.g. morphine sulfate)</p>	
		<p><b><u>Collaborative:</u></b></p> <ul style="list-style-type: none"><li>&gt; Monitored laboratory and serial ECG results</li><li>&gt; Coordinated with dietary department regarding therapeutic diet for patients with angina pectoris (low fat, low cholesterol).</li></ul>	<p>Diagnostic studies such as ECG, ECG stress test, serum lipids, cardiac enzymes, may be ordered to identify cause of angina pectoris and other cardiac conditions.</p> <p>Patients with angina pectoris are maintained on low-fat, low-saturated cholesterol diet.</p>	

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