BIRZEIT UNIVERSITY

CRITICAL CARE NURSING 2

CASE STUDY 1

(Unstable Angina)

STUDENT NAME: Mohammad Shalan

STUDENT NUMBER : 1190995

INSTRUCTER NAME : Fadi Assi

DATE :

PtInitials : **D .S**

Age : **70**

Sex: **male**

Hospital: **Palestine Medical Complex** Ward:**CCU** .Bed number **5** Date of Admission : **8/12/2021**

Informants: **System , nursing in CCU , The patient**

Chief Complaints : **Sever chest pain retrosternal heaviness sweating awake him from sleep.**

History of Present Illness : **On August 26, 2021 the patient had a cardiac cath and then returned to the ER with severe chest pain so admitted to CCU as case of unstable angina .**

Past Medical History : **HTN , COPD , Ischemic heart disease**

Past Surgical History : **CABG , PCI , CATH WITH STENT .**

Nutritional History: **Regular diet .**

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Allergies: **No known allergies .**

Personal Habits (life style) : **he was heavy smocker.**

Physical Assessment:

Vital Signs **: BP 82/49 , HR 96 , SPO2 90%**

Head and Face: **white hair , no masses when palpated eyes is symmetric nose is in the center of face**

Eyes : **equal , rond reactive to light , there some redness**

Ears: **symmetric in position hearing well no upnormal discharge .**

Nose: **in the center of face both nostrils patent , pt on nasal cannula .**

Mouth and Throat :**pink moist lip no swelling gums , tongue in the midline he lost some teeth throat in position .**

Neck and shoulders: **shoulders are symmetric good ROM no swelling in the neck .**

Lungs and Thorax and Breast : **The chest wall is symmetric, without deformity, and is atraumatic in appearance. No tenderness is appreciated upon palpation of the chest wall. The patient had wheezy chest .**

Cardiocirculatory System: **The external chest is normal in appearance without lifts, heaves, or thrills. PMI is not visible and is palpated in the 5th intercostal space at the midclavicular line. Heart rate and rhythm are normal , The patient do CABG and cath**

Abdomen and Gastrointestinal system : **Abdomen is soft, symmetric, and non-tender without distention. There are no visible lesions or scars**

Arms and Hands : **no bed sores in elbow ne edema pulses in artery are palpated , capillary refill is good .**

Legs and feet: **no bed sores no edema no cyanosis all artery pulses are palpated normal ROM**

Genitourinary: **no foley’s catheter patient out of bed normal urine color no blood in urine .**

Neurological system : **patient conscious oriented no disorders in nervous system**

Diagnostic Procedures:

1. Radiology (x-rays, CT scan, MRI, ultrasound…….etc), ECG.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date/Time | Result | Rational if Abnormal | Treatment |
|  |  |  |  |  |
|  |  |  |  |  |

3. Laboratory Data:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Test | Date | Patient’s Value | Normal Value | Interpretation/Reason for abnormality | Treatment done for abnormal findings |
| troponin | 8/12 | 0.425 | 0-0.029 | Unstable angina |  |
| RBC | 8/12 | 4.21 | 4.69-6.13 |  |  |
| Platelets count | 8/12 | 215 | 150-450 |  |  |

1. Pathophysiology

Summary and related to the patient

Medications:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number | Generic Name | Trade Name | Dose | Route | Rationale | Action | Contra- Indications | Side Effects | Nursing Consideration |
| 1. | aspirin | aspirin | 100mg | po | reduce the risk of vascular events | It works **by blocking a certain natural substance in your body to reduce pain and swelling**. | **contraindicated in patients with known allergy to NSAIDs** and in patients with asthma, rhinitis, and nasal polyps | conditions of excess stomach acid secretion.  irritation of the stomach or intestines.  nausea.  vomiting.  heartburn.  stomach cramps. | Assess pain and/or pyrexia one hour before or after medication. - In long-term therapy monitor renal and liver function and ototoxicity. |
| 2 | Pantoprazole | pantover | 40 mg | po | reduces the amount of acid produced in your stomach | ppi | diarrhea from an infection with Clostridium difficile bacteria.  inadequate vitamin B12.  low amount of magnesium in the blood.  a type of kidney inflammation called interstitial nephritis.  subacute cutaneous lupus erythematosus.  systemic lupus erythematosus, an autoimmune disease. | nausea, vomiting, headache, dizziness, flatulence, diarrhea, and stomach pain | Monitor improvements in GI symptoms (gastritis, heartburn, and so forth) to help determine if drug therapy is successful. |
| |  |  | | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 3 | Bisoprolol | concor | 2.5mg | po |  | It slows down your heart rate and helps the heart to beat with less force | If you are allergic to bisoprolol or any other ingredients of Concor 2.5 mg tablet.  If you have problems with your heart like heart failure, etc.  If you are suffering from asthma or low blood pressure.  If you have any blood circulation problems. | Nausea.  Headache.  Slow heart rate.  Fatigue.  Constipation | Monitor blood pressure and heart rate | | | | | | | | | | |

Nursing care Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nursing DX. | Planning/Goals  Expected outcome | Nursing Action | Rationale | Evaluation | |
| Acute Pain r/t Decreased myocardial blood flow | Report anginal episodes decreased in frequency, duration, and severity. | Place patient at complete rest during anginal episodes. | Reduces myocardial oxygen demand to minimize risk of tissue injury. | |  |
| Anxiety r/t Situational crises | Report anxiety is reduced to a manageable level. | Explain purpose of tests and procedures: stress testing. | Reduce anxiety attributable to fear of unknown diagnosis and prognosis | |  |
| Decreased Cardiac Output r/t Inotropic changes | Demonstrate increased activity tolerance. | Maintain bed or chair rest in position of comfort during acute episodes. | Decreases oxygen demand therefore reducing myocardial workload and risk of decompensation | |  |

Discharge plan

Reflection

REFERENCES