My	ocardial Inf	farction		のは何	Bajaz						
Signature			Title	Ini	tial						
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		340,000 2000 3000		-		1					
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Signature Requiring Co-Signature Date/Shift			Initial/T	ielo							
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			DESI	RFF	01	TCC	OMES	D = DAYS E = EVENINGS N = NI	GHTS		
Problem/ Day				D	E	N	Problem/		D	E	N
Needs	Date:				-	1	Needs			-	1
740003		verbalizes und	erstanding of	-	-		770003	No dysrhythmias observed.	+	+	
Knowledge	anticipated pla					Cardiac					
	in decision making.						Dysrhythmias	Lungs clear.		\vdash	
	Verbalizes un					CHF					
	- Discharge F						And the form of the second of			- 1	
						- 2					
	- Diet							Tolerates hall ambulation without assist			
and the second second							Activity Intolerance				1
	- Medications							1			
											1
The state of the s	- Activity Limitations										1
	- Follow-up plan to eliminate / avoid				-						1
	risk factors for CAD										1
	- Action to take if chest pain or SOB			+	-						
	occurs										1
											1
	Chest pain free.								T	T	I
Chest											
Pain											
											1
				<u> </u>							
Pain	Pain free or verbalizes relief after intervention.										100
Management	intervention.			-	-	-		Remains injury free in a safe	+	+-	
management							Patient Safety	environment.			- 1
								- Convincini	+	+-	
											14.1
						8		No evidence of skin breakdown.		T	
	Vital signs stable for patient.			T			Skin Integrity				
VS Unstable											
						- 5					
								Patient/family verbalizes satisfaction		9	5.0
							Patient/Family	with hospital stay/care.		-	
							Satisfaction	, , , , , , , , , , , , , , , , , , ,			
			INTERVE	NTI	ONS	(00	ntinued on bac	[
Patient Care				D	E	N	Patient Care		D	E	N
Categories				1	-	1,4	Categories		10	-	11
Categories				+	-		Categories	* Diet:	+		1
Discharge							Nutrition	Diet.		1.2	1 32
Plan							1444141011	Assess tolerance to diet	+-	1	
										2	
					2.07			% of diet consumed:			
								Breakfast%	1		
					1		Lunch %				
							j	Dinner %			
							Instruct:			1	
								fat, sodium, cholesterol restrictions			
								(See Assertion Value of Concept			
				1		1 8					

MR# INTERVENTIONS (continued) Patient Care Day E Patient Care E Categories Date: Categories VS q 8 hr. or per unit protocol Encourage verbalization of fears / Assessment Teaching concerns & Assess chest pain / notify MD Learning needs / teaching plan: Treatments EKG for chest pain or associated Psychosocial - MI disease process anginal symptoms Dietary fat / cholesterol restrictions Assess for bleeding Activity restrictions Discharge medication Weight: lbs./kg including aspiring or alternative * ASA continued (purpose, dosage, frequency, adverse reactions, food / drug interactions) * Initiate oral anticoagulant if indicated Weight reduction Consider discontinuing heparin Radial pulse taking if indicated * Consider discontinuing IV NTG and Action to take if chest pain / SOB converting to oral form if not previously Instruct post discharge activity: * Discontinue all PIID devices except one - Activity limitations / restrictions - Valsalva - Bursts of Activity - Sexual Activity Aerobics / Isometrics Discuss home exercise options, i.e., home walking program, cardiac rehabilitation program Lab / diagnostics results reviewed, Specimens MD notified, if indicated * PT: Diagnostics Falls Protocol, if indicated Safety * Ambulate in hallway 5-10 min. Activity Assess activity tolerance Shower with seat

* indicates medical orders needed

* Respiratory Care provided.
(See Respiratory Care Record)