

Myocardial Infarction

Signature	Title	Initial
Signature Requiring Co-Signature	Date/Shift	Initial/Title

ADDRESSOGRAPH

D = DAYS E = EVENINGS N = NIGHTS

DESIRED OUTCOMES D = DAYS E = EVENINGS N = NIGHTS

Problem/ Needs	Day _____ Date: _____	D	E	N	Problem/ Needs	D	E	N	
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.				Cardiac Dysrhythmias CHF	No dysrhythmias observed.			
	Verbalizes understanding of: - Discharge Recovery Plan					Lungs clear.			
	- Diet								
	- Medications				Activity Intolerance	Tolerates hall ambulation without assist			
	- Activity Limitations								
	- Follow-up plan to eliminate / avoid risk factors for CAD - Action to take if chest pain or SOB occurs								
Chest Pain	Chest pain free.								
Pain Management	Pain free or verbalizes relief after intervention.				Patient Safety	Remains injury free in a safe environment.			
VS Unstable	Vital signs stable for patient.				Skin Integrity	No evidence of skin breakdown.			
					Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories	D	E	N	Patient Care Categories	D	E	N
Discharge Plan				Nutrition	* Diet:		
					Assess tolerance to diet		
					% of diet consumed:		
					Breakfast _____%		
					Lunch _____%		
			Dinner _____%				
			Instruct: fat, sodium, cholesterol restrictions				

