

STEP 1

Document Assessment Parameters Below

CRITERIA	TIME	Initial if normal * and initial if abnormal				If abnormal assessment, document below with action plan
Central Nervous System						
States angina pain is "0" Describe other pain	FA					
Alert and oriented x 3 spheres	FA					
Anxiety Controlled						
Limb movement x 4 equal strength						
No loss of sensation						
Neuro check list in use	CAM?					
Cardiovascular						
Color (no pallor, cyanosis, redness)	FA					
No edema	FA					
Skin warm and dry	FA					
Peripheral pulses 2+ (radial, pedal)	FA					
Good turgor	FA					
Respiratory						
Regular & rhythmic	FA					
No signs of distress	FA					
Chest clear	FA					
Breath sounds normal & equal bilaterally	FA					
Gastro Intestinal						
Bowel movement	FA					
No distension						
Non-tender/soft						
Bowel sounds x 4 quadrants						
Genitourinary						
No pain/burning with voiding						
Urine of normal appearance						
No discharge						
Nicotine withdrawal assessment with every nursing assessment (if applicable)						
Smoking cessation aids						

Establish Smoking Status

1. Have you used any form of tobacco in the last 7 days Yes No

2. Have you used any form of tobacco in the last 6 months? Yes No

Withdrawal Assessment

How soon after waking do you have your first cigarette?

More than 1 hour = low nicotine dependence

6 - 59 minutes = moderate nicotine dependence

Less than 6 minutes = high nicotine dependence

Discuss options with MD

Review and document any current smoking cessation aids

Document management of nicotine withdrawal on an individual basis

Signs and symptoms of withdrawal: desire or craving to smoke, anger, irritability, frustration, anxiety/restlessness, insomnia, waking at night, difficulty concentrating, depressed mood, other (headache, coughing, sore throat)

How many cigarettes, on average, do you smoke each day?

15 or less = low nicotine dependence

16 - 30 = moderate nicotine dependence

31 or more = high nicotine dependence

Discuss options with MD

		N	D	E			N	D	E
TESTS	<ul style="list-style-type: none"> CK q8h x 24 hours (i.e. 3 sets are done) <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> HSTnT if not completed in ED INR/PTT at baseline, then aPTT as per heparin nomogram <input type="text"/> Lipid profile (add to ED admission sample) <input type="text"/> ALT/AST (add to ED admission sample) <input type="text"/> Fibrinolytic patients: 12 lead ECG at 1 and <input type="text"/> 8 hours post bolus <input type="text"/> If receiving fibrinolytic therapy: neurological assessment at baseline, q1h x 2 and the n q4h x 24 hours. Vital signs q15 minutes for minimum of 1 hour 12 lead ECG if ischemic chest discomfort unrelieved by 2 nitroglycerin sprays 				TEACHING	<p>Nursing:</p> <ul style="list-style-type: none"> Give patient Patient/Family Care Guide and Heart Attack and Back book Review with patient/family: diagnosis and length of stay, procedures, initial explanation of medications, next 24 hours of care, importance of reporting cardiac ischemia pain to the nurse, not to strain during bowel movement Teach deep breathing and leg/foot exercises 			
	TREATMENTS (See Assessment Parameters)	<ul style="list-style-type: none"> Intake and output q1h with cumulative balance q8h Weight and height within 24 hours of admission 					<p>Nursing:</p> <ul style="list-style-type: none"> Patient demonstrates understanding of importance to report chest pain Patient demonstrates understanding of deep breathing and leg/foot exercises 		
MEDS/IV	<ul style="list-style-type: none"> Intravenous of NS at TKVO 48 hours from admission Check IV site and rate q1h Saline lock 				PSYCHO-SOCIAL	<ul style="list-style-type: none"> Assess for spiritual needs Spiritual Care consult sent 			
NUTRITION	<ul style="list-style-type: none"> 100 mmol sodium, modified fat <input type="checkbox"/> 				DISCHARGE PLANNING	<ul style="list-style-type: none"> Assess patient/family coping with illness: Social Work consult sent <input type="checkbox"/> Yes <input type="checkbox"/> No Home Care consult sent <input type="checkbox"/> Yes <input type="checkbox"/> No If known to Home Care send consult <input type="checkbox"/> Yes <input type="checkbox"/> No Psych Nurse Liaison consult sent <input type="checkbox"/> Yes <input type="checkbox"/> No 			
SAFETY/ACTIVITY	<ul style="list-style-type: none"> Bedrest, stand to void, commode, self care: assistance with washing back and legs Deep breathing, leg/foot exercises q4h while awake Orientation to unit and routine care Call bell within reach 				PLAN REVIEWED	<p>Plan Reviewed</p> <p>Repeating step? If yes, repeat Step 1 and clarify bloodwork If admitted after 1200 repeat Step 1 (use clinical judgement)</p>			