



Medical Staff notified patient of Acute MI Diagnosis Yes No

Assessment Parameters (see standards document for normal parameters)

- Assessment q4h x 24 hrs from admission then q6h
- Head to toe at start of each shift then focal assessment thereafter
- Oxygen therapy prn for SpO₂ greater than or equal to 90%
- Vital Signs: BP (both arms on admission), heart rate, respiratory rate, SpO₂ q1h until stable, then q4h x 24 hours.
- Verify electrocardiogram (ECG) rate with radial pulse q1h x 24 hours (ICU only)
- Temperature BID.
- Continuous cardiac monitoring including ST segment, mount and analyse rhythm strip on admission, every shift and prn with arrhythmia and/or chest pain

ACUTE MI CARE MAP STEP 2

Date _____

Time of Admission _____ Weight _____ kg

TIME																										
PAIN (0 - 10 Scale)																									Rhythm Codes 1. SB 2. N.S.R. 3. ST 4. A. Fib 5. A. Flutter 6. A. Tach 7. Junctional 8. 1° HB 9. 2° I 10. 2° II 11. 3° - CHB 12. Idiovent 13. V.T. 14. V.F. 15. Asystole 16. Vent. Pacer 17. At. Pacer 18. Av Pacer 19. 20. * See Rhythm Strip Record	
160																										160
150																										150
140																										140
130																										130
120																										120
110																										110
100																										100
90																										90
80																										80
70																										70
60																										60
50																									50	
40																									40	
Blood Pressure S/D																									Permanent	
Mean Arterial Pressure																									Rate	
Heart Rate																									Temporary	
Rhythm																									Pacemaker Thresholds	
ST Segment Monitored																									Rate _____ PRI _____	
Ectopy																									Time _____ mA _____ mV	
Temperature																									A	
Respiratory Rate																									V	
O ₂ Delivery																									Pacemaker Settings	
O ₂ Saturation (SpO ₂)																									Rate _____ PRI _____	
																									Time _____ mA _____ mV	
																									A	
																									V	
Initials																										

INTAKE	TIME	SITE	SOLUTION & ADDITIVES																	ESTABLISHED VOLUME					ABSORBED VOLUME					INITIAL
P A R E N T E R A L																														
O R A L	Time	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	TOTAL				
	Type																													
	Volume																													
OUTPUT	URINE																													
	SG																													
	S & K																													

IV Solution Key
 N/S - .9% NaCl
 1/2 NS - .45% NaCl
 D5W - 5% Dextrose in water
 D5/S - 5% Dextrose in water and .9% Normal Saline
 D5 1/2 S - 5% Dextrose in water and .45% Normal Saline
 L.R. - Ringer's Lactate

TOTAL CRYSTALLOID

 TOTAL COLLOID

 24 HOUR INTAKE

24 HOUR OUTPUT

 24 HOUR FLUID BALANCE

 COLLOID

STEP 2

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							

		N	D	E				N	D	E
TESTS	<ul style="list-style-type: none"> Consult sent to Clinical Dietitian for heart health nutrition class During a.m. rounds determine appropriate risk stratification. CK q8h x 24 hours (i.e. 3 sets are done) 12 lead ECG in a.m. Fasting bloodwork - CBC, platelets, electrolytes, urea, creatinine, glucose, total CO₂, OD in a.m. Chest x-ray in a.m. if not done in the Emergency Department aPTT based on the Heparin Nomogram if receiving Heparin IV and daily .. 12 lead ECG if ischemic chest discomfort unrelieved by 2 nitroglycerin sprays .....	.....	.....	.....	TEACHING	Nursing <ul style="list-style-type: none"> Review Patient/Family Care Guide Complete the Risk Factor profile, with patient, in the Heart Attack and Back Book Review Dietary Section, with patient, in the Heart Attack and Back Book ... If smoker: <ul style="list-style-type: none"> Discuss smoking as a risk factor fo heart disease (Heart Attack and Back book Health Lifestyle Section) offer Smoker's Helpline fax referral..... give Smokers' Helpline telephone card..... Physiotherapy Education <ul style="list-style-type: none"> Heart Attack and Back Book pages Angina Heart Attack Action Plan (Nitro use/How to get to hospital) Differences between Heart Attack and Angina	.....	.....	.....
	TREATMENTS (See Assessment Parameters)	<ul style="list-style-type: none"> Intake and output q1h with cumulative balance q8h Daily weight if on diuretic Vital signs stable SpO₂ saturation greater than or equal to 90% Urine output greater than 240 mL/8 hours .....	.....	.....		.....	Nursing <ul style="list-style-type: none"> Patient has general understanding of their risk factors Patient agrees to the Smokers' Helpline referral <input type="checkbox"/> Yes <input type="checkbox"/> No .. Physiotherapy <ul style="list-style-type: none"> Patient has understanding of: Angina Heart Attack Action Plan (Nitro use/How to get to hospital) Differences between Angina and Heart Attack	.....	.....	.....
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 Reassess need for continuing IV Unfractionated Heparin or LMWH IV site patent, not reddened, and infusing at ordered rate .....	.....	.....	.....	PSYCHO-SOCIAL					
NUTRITION	<ul style="list-style-type: none"> 100 mmol sodium, modified fat Tolerates oral intake .....	.....	.....	.....		DISCHARGE PLANNING	<ul style="list-style-type: none"> Discuss with Attending Physician re: telemetry (yes or no) or medicine transfer .....	.....	.....	.....
SAFETY/ACTIVITY	Nursing/Physiotherapy <ul style="list-style-type: none"> Dangle at bedside, up in chair, ambulate to bathroom, self care seated at sink/bedside Ambulates within room: Ambulation distance _____ RHR _____ EHR _____ <input type="checkbox"/> Independent <input type="checkbox"/> Assistance needed _____	.....	.....	.....	PLAN REVIEWED		Plan Reviewed .....	.....	.....	.....
	Nursing <ul style="list-style-type: none"> No cardiac ischemia with mobilization Physiotherapy <ul style="list-style-type: none"> Tolerates Step 2 activities Activity outcomes met but experienced the following: .....	.....	.....	.....		Repeating step? If yes, repeat Step 2 and clarify bloodwork				