

Assessment Parameters (see standards document for normal parameters)

- Focal Assessment BID
- Vital Signs: BID

### ACUTE MI CARE MAP STEP 3

Date \_\_\_\_\_

Time of Admission \_\_\_\_\_ Weight \_\_\_\_\_ kg

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

INTAKE	TIME	SITE	SOLUTION & ADDITIVES																	ESTABLISHED VOLUME					ABSORBED VOLUME					INITIAL	IV Solution Key	
P A R E N T E R A L																															N/S - .9% NaCl	
																															½ NS - .45% NaCl	
																															D5W - 5% Dextrose in water	
																															D5/S - 5% Dextrose in water and .9% Normal Saline	
																															D5½S - 5% Dextrose in water and .45% Normal Saline	
																															L.R. - Ringer's Lactate	
																															TOTAL CRYSTALLOID	
																															TOTAL COLLOID	
																															24 HOUR INTAKE	
	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																																
O U T P U T	URINE																															
	SG																															
	S & K																															

24 HOUR OUTPUT

24 HOUR FLUID BALANCE

COLLOID

# STEP 3

## Document Assessment Parameters Below

ASSESSMENT/ASSESSMENT OUTCOMES	CRITERIA	TIME	Initial if normal * and initial if abnormal					If abnormal assessment, document below with action plan
	<b>Central Nervous System</b>							
	States angina pain is "0" Describe other pain							
	Alert and oriented x 3 spheres							
	Speech clear and distinct							
	Obeys commands							
	<b>Cardiovascular</b>							
	Color (no pallor, cyanosis, redness)							
	No edema							
	Skin warm and dry							
	Peripheral pulses 2+ (radial, pedal)							
	Good turgor							
	<b>Respiratory</b>							
	Regular & rhythmic							
	No signs of distress							
	Chest clear							
	Breath sounds normal & equal bilaterally							
	<b>Gastrointestinal</b>							
	Bowel movement							
	<b>Genitourinary</b>							
	Patient states adequate urine output							
Patient denies pain or burning with voiding								
If output measured greater than or equal to 240 mL/8 hours								
Nicotine withdrawal assessment with every nursing assessment (if applicable)								
<b>INITIAL</b>								

		N	D	E			N	D	E
TESTS	<ul style="list-style-type: none"> <li>12 lead ECG in a.m. ....</li> <li>CBC and platelets daily in a.m. ....</li> <li>aPTT as per heparin nomogram ....</li> <li>12 lead ECG if ischemic chest discomfort unrelieved by 2 nitroglycerin sprays ....</li> </ul>				SAFETY/ACTIVITY	<b>Nursing</b> • Ambulates as tolerated in hall, self care at sink/bedside .....			
						<b>Physiotherapy</b> • Ambulates in hall: Ambulation distance _____ RHR _____ EHR _____ <input type="checkbox"/> Independent <input type="checkbox"/> Assistance needed _____			
TREATMENTS (See Assessment Parameters)	<ul style="list-style-type: none"> <li>Daily weight if on diuretic .....</li> <li><b>Vital signs stable</b> .....</li> </ul>				TEACHING	<b>Physiotherapy Education</b> • Education from Heart Attack and Back Book pages: ..... - Normal and abnormal response to activities - Activity guidelines, driving, returning to work, stress management, sexual activity - Cardiac rehabilitation - Home exercise program <b>Clinical Dietitian</b> • Review nutritional guidelines related to hyperlipidemia and/or diabetes if unable to attend Heart Health Nutrition Class ..... <b>Nursing/Physiotherapy</b> Show video "After Your Heart Attack How Are You Doing?" .....			
						<b>Physiotherapy</b> • Patient understands the normal and abnormal responses to activity, home exercise program, appropriate level and progression of activities and importance of cardiac rehabilitation ..... <b>Clinical Dietitian</b> • Patient has attended a nutrition class for a heart healthy diet or is registered prior to discharge. Patient unable to attend class have received individual nutrition counselling .....			
MEDS/IV	<input type="checkbox"/> Intravenous of NS at TKVO 48 hours from admission ..... <input type="checkbox"/> Intravenous to saline lock ..... <ul style="list-style-type: none"> <li>Determine need for intravenous if being transferred to the medical unit ...</li> <li>Check IV site and rate q1h .....</li> <li>Reassess need for continuing IV Unfractionated Heparin or LMWH .</li> <li>Reassess need for nitroglycerin patch .....</li> </ul>				PSYCHO-SOCIAL	<b>Nursing</b> • Complete "Coping with a Heart Attack, How are You Doing?" checklist with patient ..... • Psychological referral criteria met <input type="checkbox"/> Yes <input type="checkbox"/> No ..... • Referral to Mental Health Liaison Nurse for inpatient care/assessment <input type="checkbox"/> Yes <input type="checkbox"/> No .....			
	<ul style="list-style-type: none"> <li>IV site patent, non-reddened, and infusing at rate ordered .....</li> <li>IV discontinued @ _____ hours with cathlon intact .....</li> </ul>					<b>Nursing</b> • Referral to Clinical Psychologist <input type="checkbox"/> Declined <input type="checkbox"/> Accepted..... • If patient is exhibiting acute mental distress (e.g. significant anxiety or depressive symptoms and/or suicidal ideation), medical staff to be informed in order to initiate an inpatient psychiatric consultation .....			
NUTRITION	<ul style="list-style-type: none"> <li>100 mmol sodium, modified fat .....</li> <li>_____ .....</li> </ul>				DISCHARGE PLANNING	• Discuss with Attending Physician re: telemetry (yes or no) or medicine transfer .....			
	<ul style="list-style-type: none"> <li>Tolerates oral intake .....</li> </ul>					PLAN REVIEWED	Plan Reviewed ..... Repeating step? If yes, repeat Step 3 and clarify bloodwork		