

Assessment Parameters (see standards document for normal parameters)

- Focal Assessment BID
- Vital Signs: BID

ACUTE MI CARE MAP STEP 4

Date _____

Time of Admission _____ Weight _____ kg

TIME																									Rhythm Codes	
PAIN (0 - 10 Scale)																									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	
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 _____	
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																																
OUTPUT	URINE																															

24 HOUR OUTPUT

24 HOUR FLUID BALANCE

COLLOID

STEP 4

Document Assessment Parameters Below

ASSESSMENT/ASSESSMENT OUTCOMES	CRITERIA	TIME	Initial if normal * and initial if abnormal					If abnormal assessment, document below with action plan
ASSESSMENT/ASSESSMENT OUTCOMES	Central Nervous System							
	States angina pain is "0" Describe other pain							
	Alert and oriented x 3 spheres							
	Speech clear and distinct							
	Obeys commands							
	Cardiovascular							
	Color (no pallor, cyanosis, redness)							
	No edema							
	Skin warm and dry							
	Peripheral pulses 2+ (radial, pedal)							
	Good turgor							
	Respiratory							
	Regular & rhythmic							
	No signs of distress							
	Chest clear							
	Breath sounds normal & equal bilaterally							
	Gastrointestinal							
	Bowel movement							
	Genitourinary							
	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)								
INITIAL								

		N	D	E			N	D	E
TESTS	<ul style="list-style-type: none"> ■ Fasting bloodwork - CBC and platelets, electrolytes, urea, creatinine, glucose, total CO₂ in a.m. ■ Risk stratification test if ordered ■ 12 lead ECG if ischemic chest discomfort unrelieved by 2 nitroglycerin sprays 				Physiotherapy Education <ul style="list-style-type: none"> • Review Home Exercise Program • Complete the referral form for Cardiac Rehabilitation and review process with patient (i.e., inform patient they will receive a phone call from the Cardiac Rehabilitation Program to review out patient cardiac teaching options with them) • Inform patient of Heart Health Fair at St. Boniface Hospital Nursing/Pharmacist <ul style="list-style-type: none"> • Review discharge medications • CCU Pharmacist to review discharge medications 				
	TREATMENTS (See Assessment Parameters)	<ul style="list-style-type: none"> • Daily weight if on diuretic 					TEACHING Physiotherapy <ul style="list-style-type: none"> • Patient has understanding of Home Exercise Program • Patient aware of community resources available • Cardiac Rehabilitation Form faxed <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (explain) • Copy of Cardiac Rehabilitation referral for Heart Health Fair faxed to 204-233-2157 Nursing/Pharmacist <ul style="list-style-type: none"> • Patient has understanding of medication regimen 		
MEDS/IV	<ul style="list-style-type: none"> • Reassess need for continuing IV Unfractionated Heparin or LMWH • Reassess need for nitroglycerin patch 				PSYCHO-SOCIAL				
NUTRITION	<ul style="list-style-type: none"> ■ 100 mmol sodium, modified fat <input type="checkbox"/> 					DISCHARGE PLANNING Nursing <ul style="list-style-type: none"> ■ Discharge when outcomes are met (shaded sections on Day 4 of the Care Map) • Completion or arrangement made for risk stratification test/alternate if ordered • Review follow-up appointments with patient • Review the importance of not stopping anti-platelet medications: DO NOT stop clopidogrel (Plavix®) or ticagrelor (Brilinta®) or ASA (Aspirin®) unless instructed by your Angioplasty Doctor or Cardiologist. If you are asked to stop clopidogrel (Plavix®) or ASA (Aspirin®) (even for a short period of time) by another doctor or Healthcare Professional – make sure your Angioplasty Doctor or Cardiologist is okay with this prior to stopping either drug. (The person wishing to stop the drug should call the Angioplasty Doctor (Interventional Cardiologist) who did your test or the Angioplasty Doctor on call to check if it's safe) Pharmacy <ul style="list-style-type: none"> • Patient received a discharge prescription and teaching for: <ul style="list-style-type: none"> ■ Nitroglycerin ■ Antiplatelet Agent ■ Beta Blocker ■ ACE Inhibitor or angiotensin receptor blocker ■ Lipid-lowering agent Discharged @ _____ hours, accompanied by: _____			
SAFETY/ACTIVITY	Nursing <ul style="list-style-type: none"> • Self care at sink/bedside • Ambulates as tolerated Physiotherapy <ul style="list-style-type: none"> <input type="checkbox"/> Walks up and down 10 - 12 steps <input type="checkbox"/> Adapted stairs due to: _____ 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 4 activities • Activity outcomes met but experienced the following signs and symptoms: _____ 					Repeating step? If yes, repeat Step 3 and clarify bloodwork			