

CARE OF THE PATIENT WITH CARDIAC RELATED CHEST PAIN

OBJECTIVES:

1. To relieve/control/assess chest pain.
2. To prevent /minimize the development of myocardial complications.
3. To support patient/significant other in initiating necessary lifestyle and behavioral changes.
4. Follow prescribed pharmacological regime.

PROCESS STANDARDS:

1. Instruct the patient to call the nurse immediately at the onset of chest pain and/or discomfort.
2. Maintain rest during episodes of pain to reduce myocardial oxygen demand (bed rest for 24 hrs if patient had Acute Myocardial Infarction or AMI).
3. Assess pain: quality, location, duration, radiation, intensity (pain score), precipitating factors, onset of new symptoms/timing of onset of current episode that brought patient to the hospital, & what relieves the pain (may use the PQRST nomogram: Provoke, Quality, Radiation, Severity, Timing [AACN, 2007]).
4. Administer oxygen as indicated to increase oxygen supply to myocardium.
5. Assess and record description of pain to establish baseline description and/or to detect extension of ischemia. Note: Some female and/or diabetic patients may describe chest pain vaguely and differently e.g. women may c/o SOB, fatigue, & low energy; diabetics may have more diffuse pain due to their chronic neuropathies. Therefore a thorough pain assessment is necessary in conjunction with other signs and symptoms.
6. Notify MD; Obtain 12 lead EKG as ordered during pain episodes to document ischemia episodes.
7. Monitor patient's vital signs (T, P, R, B/P) at least every 8 hours. During episodes of chest pain monitor BP and pulse every 5 minutes until chest pain is relieved.
8. Administer SL Nitroglycerine as ordered (1 every 5 minutes x 3 doses).
9. Call the Shock Treatment and Resuscitation Team (START) as criteria are met.
10. After the acute episode of pain has subsided the patient will be instructed on the following:

Disease process

Use of Nitroglycerine/other meds during episodes of chest pain

Prescribed diet – low sodium, fat, cholesterol. Avoid caffeine intake

Avoid tobacco use

Exercise regularly

Importance of weight control

Medications: name, dose, time, purpose and side effects

Importance of sleep

Stress reduction

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PROCESS STANDARDS continued:

11. Stool softeners as prescribed to avoid straining.

OUTCOME STANDARDS:

Prior to discharge:

1. Chest pain will be relieved/controlled for 24 hours prior to discharge. Pain will be assessed and documented upon discharge.
2. Complications related to chest pain will be prevented.
3. The patient will express understanding of the disease process, prognosis, and treatment.
4. The patient will appear relaxed and communicate a sense of calm.
5. The patient/significant other will participate in and communicate desired behavioral changes beneficial to health.
6. Understands importance of planned rest periods.
7. Understands importance of maintaining a low-cholesterol, low-sodium, low-fat, low-calorie diet as ordered. Understands the need to limit the intake of eggs, cream, butter, and foods high in animal fat.

HAVE I DOCUMENTED:

*Call bell within reach

*Chest pain

Duration

Intensity

Character

Sharp

Tingling

Burning sensation

Heavy

Radiating

Squeezing

Heartburn

*MD notification and action taken

*START documentation completed as indicated

* Precipitating factors

Physical or emotional stress

Exposure to extreme temperatures

Meal

* Associated factors

Sweating

Lightheadedness

Palpations

SOB

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Have I DOCUMENTED continued:

- * Skin Color
 - Pallor
 - Diaphoresis
- * Vital signs
- * Relieving Factors
 - Positioning
 - Medications (time given; route, patient response)
- * Dietary Consults
- * Patient Education
 - Activities
 - Medications
 - Signs and symptoms to report after discharge
 - Diet

At The Time of Discharge:

- Chest pain relieved/controlled for 24 hours prior to discharge.
- Patient/significant other understand disease process, prognosis, and treatment
- Patient communication of desired behavioral changes.
- Patient/family has understanding of home and follow-up care.

Reference:

1. Hospital Policy 5.45 Shock Treatment and Resuscitation Team (START)
http://www.sh.lsuhsu.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_5.45.0.pdf
2. Doenges et. al. Nurse's Pocket Guide: Diagnosis, Prioritized Interventions, and Rationales -11th ed. (2008). *Acute Pain*. F. A Davis Company. Accessed 8/17/2009: [AR, LA, OK Libraries - LSU - Shreveport -- Nurse's Pocket Guide: Diagnoses, Prioritized Interventions, and Rationales - 11th Ed. \(2008\)](#).
3. Doenges et. al. Nurse's Pocket Guide: Diagnosis, Prioritized Interventions, and Rationales -11th ed. (2008). *Decreased Cardiac Output*. F. A Davis Company. Accessed 8/17/2009: [AR, LA, OK Libraries - LSU - Shreveport -- Nurse's Pocket Guide: Diagnoses, Prioritized Interventions, and Rationales - 11th Ed. \(2008\)](#)
4. Leeper, B. (2007). Cardiovascular system. M. Chulay & S. Burns (Eds.), AACN essentials of progressive care nursing (pp.187-219). New York: The McGraw Hill Companies, Inc.