Myocardial Infarction (MI)

Objectives:

To promote adequate tissue perfusion through hemodynamic stability and oxygen administration.
To observe for and treat life threatening dysrhythmias if they should occur.
To preserve myocardial oxygen supply.¹
To prevent complications.¹,⁵
To avoid stress for the patient through patient and family education on disease process.⁵
Educate the patient regarding disease process, signs and symptoms, and treatment plan.²

Process Standards:
1. An initial assessment for presence/absence of chest pain and associated symptoms such as SOB, N/V and diaphoresis should be documented and repeated every 4 hours with notification of MD and rendered therapy documented. Assessment will also include presence of heart sounds with abnormalities noted and reported to the physician.¹

2. The patient with suspected cardiac chest pain upon presentation will have an EKG done stat.

3. The patient with an acute MI has a 90 minute window for Heart Cath Lab intervention. Cardiology will be called immediately and the Cath Lab activated.

4. Hemodynamics, if PA cath present, should be recorded every 4 hours, or as physician orders. There should be documentation of physician being notified and steps taken to correct abnormal hemodynamic parameters.

5. Cardiac enzymes, such as Troponin and CK-MB, will be drawn according to physicians ordered and results will be reported to the physician.¹

6. Hourly intake and output should be documented.

7. Patients requiring PTCA will be consented and be prepared for the procedure in a timely fashion.³

8. Aspirin, Plavix, and Heparin, if ordered, will be given in a timely manner to reduce the release of platelet-derived vasoconstricting substances.³

9. Medications, such as Angiotensin-Converting Enzyme Inhibitors and Beta-Adrenergic Blocking agents, will be given if ordered in a timely manner to prevent ventricular remodeling.²

10. There should be documentation every 4 hours of the ECG rhythm, especially noting any dysrhythmias and therapy rendered.

11. ST segments shall be assessed. The physician shall be notified of any changes from baseline.
12. Serial enzymes and daily EKGs should be done with results to the chart.

13. There should be documentation indicative of actions taken to correct any abnormal electrolytes or arterial blood gas results.

14. The patient should receive oxygen therapy to increase myocardial oxygen supply.

15. The patient and family should receive education regarding disease process, signs and symptoms and treatment plan.2

16. All vasoactive medication drips will be placed on an infusion controlled pump and titrated by parameters set by MD.

17. Medications, such as antihypertensives, if ordered will be given in a timely manner.2

18. Patient should be in quiet atmosphere.

19. Patients will be educated regarding disease process, signs and symptoms, and treatment plan.2

Outcome Standards:
1. The patient will be admitted to the appropriate ICU bed as soon as possible.

2. The patient will have a stable blood pressure (SBP >100 mm Hg), heart rate (NSR), and respiratory status (12-16 RR) at the time of admission to an ICU bed.

References:


