ASSESSMENT AND MANAGEMENT OF CHEST PAIN

|  |
| --- |
| **SCENARIO TITLE** |
| Assessment and Management of chest pain |
| **AUTHOR** |
| Peta Niblett created June 2013 |
| **TARGET GROUP** |
| 3rd Year Undergraduate nursing students (2nd semester) or Graduate Nurses |
| **PREREQUISTE KNOWLEDGE** |
| Theory provided by affiliated UniversityLab sessions attendedRelevant prompt documents |
| **OBJECTIVES** |
| * Identify hand hygiene moments
* Perform a cardiac/chest pain assessment – A,B,C,D,E
* Identify the need to take a 12 lead ECG – Interprets sinus rhythm/ST elevation
* Effectively communicate with nursing/medical staff
* Appropriate treatment/medication is given
 |
| **STAFF ROLES** |
| Facilitators Provide initial brief and debriefing post activity. |
| **PATIENT SIMULATOR/TASK TRAINER** |
| Mega Code Kellie with monitoring laptop/ Nursing Anne with Ipad (Sim Mon app) - facilitator will speak for patient when student asks questions of the patient and provide feedback when asked re color / respiratory effort. |
| **PATIENT CHARATERISTICS/VITAL SIGNS** |
| Mr. John Smith is a 65 year old patient who has been admitted to the cardiac ward with unstable angina. He has a past medical history of angina, hypertension, high cholesterol, gout and a heavy smoker. |
| **ENVIRONMENT/SETTING/LOCATION** |
| Cardiac ward – patient sitting upright in bed |
| **EQUIPMENT REQUIRED** |
| * stethoscope
* tympanic
* ECG machine: 12 lead ECG
* Observation chart, medication chart, progress notes,
* patient ID
* Megacode Kelly ( use monitoring laptop) Nursing Anne use iPad (SimMon app)
* Medications: Aspirin, GTN, (+/-IV Morphine). (use of small lollies ie tic tacs for aspirin and GTN, N/Saline relabelled for morphine)
 |
| **STUDENT BRIEF (INCLUDING RELEVANT PMH/HPI/SOCIAL Hx/FH)** |
| Mr. John Smith is a 65 year old patient who has been admitted to the cardiac ward with unstable angina. He presented to ED this morning via ambulance after being woken from his sleep with left sided chest pain radiating to his neck. He was treated with GTN and aspirin by the paramedics. Whilst in ED he was assessed, investigations included pathology 12 lead ECG and a chest x-ray.When reviewed by the cardiologist it was advised to Mr. Smith that he be admitted for further cardiac monitoring, cardiac enzymes +/- an angiogram.Mr Smith has been complaining throughout the morning that he has a niggling pain in his chest and feels short of breath. He has telemetry insitu. His last set of vital signs were taken just prior to handover:GCS 15, RR 22, BP 155/80, HR 95, temperature 37.1, Sao2 97%r/a, pain 5/10.He has a past medical history of angina, high cholesterol, hypertension and gout. He is a current smoker up to a pack per day. |
| **MEDICATIONS/ALLERGIES** |
| Allergies: PenicillinGTN: PRNLipitor: 40mg DailyAspirin: 100mg DailyPantoprazole: 40mg ManeColchicine: 3mg DailyPerindopril: 4mg Daily |
| **SCENARIO EVENTS** | **EXPECTED ACTIONS** |
| Patient is handed over the studentStudent begins a cardiac assessmentStudents provides re-assurance to the patient whilst identifying the need to take a 12 lead ECGCommunicates with appropriate nursing/medical staff in regards to patient’s current condition.Performs another set of vital signs (5-10) minutes post giving medication. | Student introduces self to the patient and reviews relevant documentation* Hand hygiene
* Vital Signs
* Medication chart
* Previous 12 lead ECG
* Admission progress notes
* Applies high flow 02 via Hudson mask – position patient lying flatter
* Takes a baseline set of vital signs
* Palpates bilateral radial pulses
* Auscultates the chest-SOB
* Assesses chest pain score/10, radiation, duration, intensity, worse on inspiration or movement
* Places leads on the correct anatomical landmarks
* Interprets lead 2: Sinus Rhythm
* ST elevation in inferior leads
* Documents findings
* Continues to re-assess the patient
* Identifies the needs to treat the chest pain with appropriate medication (Notes IV access).
* Aspirin/GTN can be given
* Adheres to the“6 rights” of medication administration
* Aware of potential side effects (Hypotension/headache/n&v)

GCS 15, RR 18, HR 80, BP 130/70, chest pain resolved* Provides re-assurance to the patient.
* Documents observations/progress notes.
 |
|  **DISCUSSION POINTS FOR FACILITATOR (Learning Points)** |
| * Identifies the need to assess the patient – A,,B,C,D, E.
* Performs a cardiac assessment/12 lead ECG, pain scale.
* Effective communication to the patient explaining procedures throughout the scenario.
* 12 lead ECG placement and identification of cardiac rhythm.
* Medication administration – Correct procedure for checking the patient/medication.
* Documentation – Full set of vital signs/progress notes.
* Hand hygiene
 |