

Carl Shapiro – Patient Information



Patient Information

Patient name: Carl Shapiro

Date of birth: 19/7/XX

Age: 54 years

Gender: Male

UR no: 719 000

Medical Officer: Mr Tim Arnott

Height: 185 cm

Weight: 115kg

BMI: 33.6 kg/m²

Other: Type 2 diabetic

Social History

Nationality: Australian

Religion: No religious affiliation

Language spoken: English

Address: 64 Hutchison Road, Horizon, 8035

Next of kin/Guardian: Tanya Shapiro - Wife

64 Hutchison Road, Horizon, 8035

Marital status: Married

Private health cover: Privately covered

Concessions: Nil

Employment: Accountant

Medical History

Current:

Diagnosis: Chest pain

Allergies: Nil known

Immunisations: Up to date

Past medical history:

- Mumps as a child
- Left femur and jaw fracture aged 19 years
- Left knee arthroscopy aged 50 years
- Hypercholesterolaemia
- Type 2 diabetes

Activities of daily living (ADLs):

Diet:

Ward diet

Salt free

Fat free

Feeding:

Independent

Hygiene and skin integrity:

Independent

Mobility:

Independent

Elimination:

Independent

Medications:

Oral medication

- Aspirin 100mg daily
- Paracetamol 1g 4-6/24

Subcutaneous medication – Morphine 5-10mg 4/24

Sublingual medication – GTN (Glyceryl trinitrate) spray 400mcg PRN

Inhalational medication – Oxygen 2 -4L via nasal specs

Medication brought from home

- Metformin 500 mg TDS
- Glipizide 5 mg TDS with meals
- Simvastatin 40 mg Nocte
- Fish oil, Glucosamine, Vitamin D

Assessment and Monitoring:

Vital signs/observations – per post angiogram observation chart

SpO2 (oxygen saturation) – per post angiogram observation chart

Neurovascular observations – per post angiogram observation chart

Cardiac monitoring – continuous

BGL – 4/24

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Invasive devices:

- Intravenous access

Cardiac:

- Continuous monitoring
- 12 lead ECG

Respiratory:

- Oxygen therapy

Diagnostic studies:

- Bloods – results pending
- ECG – Preliminary report – final report pending

Allied health inputs:

- Dietetics
- Physiotherapy
- Podiatry
- Ophthalmology review

Endocrine:

- Endocrinology review
- Diabetic educator – contacted, aware patient is awaiting review

Psychosocial:

- Counselling

Discharge planning:

- Commenced

Background to current scenario (progress summary):

Carl Shapiro, a 54 year old male, was brought to the UniSA Hospital emergency department (ED) by ambulance following sudden onset of central chest pain. Carl was at home asleep when he was awoken by sudden onset of central chest pain. Carl woke his wife Amanda stating he was in pain and felt nauseous and she noted he was also sweating profusely. Amanda called an ambulance and Carl was transported to the UniSA Hospital emergency department (ED).

Ambulance officers provided GTN spray x 2 whilst on route to the hospital. Upon examination in the ED, Carl continued to complain of pain and was administered a further dose of GTN spray which relieved his chest pain. ECG showed anterior ST elevation. Carl was administered Aspirin and bloods were sent to check troponin and creatine kinase (CK) levels.

Carl was immediately sent to Angiography for an emergency Angiogram. Results from the angiogram showed 95% occlusion to the right coronary artery (RCA), 90% occlusion to the left anterior descending coronary artery (LAD) and 70% occlusion to the circumflex with distal disease.

Carl has been admitted to the medical/surgical ward post angiogram and is awaiting cardiothoracic review this evening.

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Handover/Change of shift report: Late shift/1300

Carl Shapiro is a 54 year old male, admitted to the ward post angiogram. He presented to the emergency department in the early hours of the morning following sudden onset chest pain. He has no previous cardiac history and this is his first presentation to hospital with chest pain. Apparently his father died from a myocardial infarction (MI) at the same age so he is very anxious.

Carl has a past medical history of type 2 diabetes and hypercholesterolaemia. According to his wife, he is a poorly controlled diabetic and his BMI is over 33 kg/m². He has no known drug allergies and is currently taking Metformin, Glipizide and Simvastatin. He suffered a fractured jaw and fractured left femur as a teenager and had a left knee arthroscopy 4 years ago. Carl is a self-confessed workaholic and works as the Chief Finance Officer for Brody Wines.

Carl's angiogram shows 95% occlusion to the right coronary artery (RCA), 90% occlusion to the left anterior descending coronary artery (LAD) and 70% occlusion to the circumflex with distal disease. He is awaiting urgent cardiothoracic review. The team are delayed in the operating theatre currently. It is anticipated Carl will go onto the emergency operating theatre list for coronary artery bypass grafting (CABG) later today.

Carl remains on the post angiography pathway and observations are as follows:

Temperature 37.0 °C

Pulse beats 100 per minute

Respiratory rate 20 breaths per minute

Blood pressure 130/85 mmHg

Chest pain 3/10

BGL 11.2mmol

Insertion site (left groin) – Dry, no evidence of swelling or haematoma

Pedal pulse (left) – present

Neurovascular observations – left leg

Colour – pink

Warmth - warm

Movement – present and within normal limits

Sensation – present and within normal limits

He is now due half hourly observations for the next hour, then hourly after that. He is due to rest in bed for a further 2 and a half hours. He has IV access insitu however, no fluids are ordered currently.

The cardiac team have requested repeat ECG and bloods following angiogram which we haven't done as yet.

What else would you like to know about Carl?

Medical Orders:

Treating Doctor/Medical Team:

Mr Tim Arnott/Cardiothoracic

Overview of current orders:

- Urgent angiogram
- Repeat ECG following angiogram
- Repeat bloods following angiogram – Trop, CK APTT
- Review by cardiothoracic team post angiogram

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Core scenario:

You are a second year nursing student on clinical placement on the medical/surgical ward at UniSA Hospital. Your preceptor RN has been allocated to special (one to one nursing) a patient, Carl Shapiro, who has been admitted to the ward following an angiogram. You will assist your preceptor with the care of Carl for the late shift under their supervision and within your scope of practice. You have received handover from the night staff and go to greet your patient in his room. What immediate assessments of Carl and his surrounds will you undertake upon entering his room?

What are your priorities of care in relation to Carl? What will you attend to first?

Carl's wife Amanda arrives early in the morning. She has organised for their daughter to be cared for by a relative for the day. Amanda is very worried for Carl who is downplaying his condition. When Amanda steps out of his room, Carl explains to you that she is four months pregnant and he does not want to worry her about his condition. He asks you if you believe he should disclose the severity of his condition to her. How will you respond to this?

What diagnostic procedures have the medical staff ordered for Carl? Outline your plan to undertake these procedures with your RN.

After completion of the angiography observations Carl is resting comfortably with stable observations and a pain score of 2/10. The cardiothoracic team are finished in theatre and will be down to review Carl. Having reviewed his angiogram they are expecting to take him to theatre in the early evening. What pre-operative education does Carl need?

Carl is prepped for theatre and awaiting a theatre orderly to collect him. Carl's wife and daughter are currently with him in his room. Amanda runs out into the corridor yelling for help. As you enter the room you see Carl clutching his chest with all monitors alarming. How will you manage this situation?

Expansion scenario frameworks:

1. Carl's wife, Amanda and small child, Bella, were in the room when Carl suddenly began to experience excruciating chest pain. His monitor starting alarming loudly and he begged his wife to get some help. They have been present during the initial response to his critical incident as the staff required to run the code assembled in his room. The MET team are on their way and Carl is being optimally attended. How will you ensure the family are supported and managed from this point?
2. Carl will require a cardiac and diabetic education plan for discharge. Outline the resources available to assist you in the planning and implementation of this discharge planning? Outline your discharge plan with your RN.
3. Carl is being transferred to the Critical Care Unit for stabilisation following his arrest. Describe the role and responsibilities of the nursing student and registered nurse in relation to the organisation and implementation of this transfer.

Core clinical skills:

Head to toe assessment – primary and secondary survey/COLDSPAA

Pre-operative education provision

Venipuncture

Identification of a deteriorating patient

Basic life support

Progressive clinical skills:

Cardiac assessment

Cardiac assessment – 12 lead ECG

Neurovascular observations

Blood glucose level (BGL) measurement

IV access management

Pain assessment and management

Administration of oxygen therapy

Administration of a subcutaneous medication

Expansion scenario clinical skills:

Care of family members during critical incidents

Cardiac and diabetic education plan for discharge

Transfer to CCU