

Assessment	Nursing Diagnosis	Planning	Nursing Intervention	Rationale	Evaluation
Subjective = D Objective: - Restlessness - Facial grimacing - Fatigue - Peripheral cyanosis - Weak pulse - Cold and clammy skin - Palpitations - Shortness of breath - Elevated temperature Pain scale of 8/10	Acute Chest Pain Related to : myocardial ischemia resulting from coronary artery occlusion with less/restriction of blood flow to an area of the myocardium and necrosis of the myocardium	Short Term Goal: Within 1 hour of nursing interventions, the client will have improved comfort in chest, as evidenced by: - States a decrease in the rating of the chest pain. - Is able to rest, displays reduced tension, and sleeps comfortably. - Requires decrease analgesia or nitroglycerin. Long Term Goal: The client will have an improved feeling of control as evidenced by verbalizing a sense of control over present situation and future outcomes within 2 days of nursing interventions.	Independent: - Assess characteristics of chest pain, including location, duration, quality, intensity, presence of radiation, precipitating and alleviating factors, and as associated symptoms, have client rate pain on a scale of 1-10 and document findings in nurse's notes. - Obtain history of previous cardiac pain and familial history of cardiac problems. - Assess respirations, BP and heart rate with each episodes of chest pain. - Maintain bed rest during pain, with position of comfort, maintain relaxing environment to promote calmness. - Prepare for the administration of medications, and monitor response to drug therapy. Notify physician if pain does not abate.	- Pain is indication of MI, assisting the client in quantifying pain may differentiate pre-existing and current pain patterns as well as identify complications. - This provides information that may help to differentiate current pain from previous problems and complications. - Respirations may be increased as a result of pain and associate anxiety. - To reduce oxygen consumption and demand, to reduce competing stimuli and reduces anxiety. - pain control is a priority, as it indicates ischemia. - to decrease myocardial oxygen demand and workload on the heart.	Short Term Goal: Within 1 hour of nursing intervention, the client had improved comfort in chest, as evidenced by: - States a decrease in the rating of the chest pain. - Is able to rest, displays reduced tension, and sleeps comfortably. - Requires decrease analgesia or nitroglycerin. Goal was met. Long Term Goal: The client had an improved feeling of control as evidenced by verbalizing a sense of control over present situation and future outcomes within 2 days of nursing intervention. Goal was met.

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