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| **Date** | **My Preferences and Needs** | |
|  | * I have a history of heart attack and am at risk for experiencing another one. * The following conditions contribute to my risk for heart attack:   + Heart disease   + High blood pressure   + High cholesterol   + Smoking   + High blood sugar due to diabetes   + Angina   + Family History of MI * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Date** | **My Goals** | **Target Date** |
|  | * I hope to not experience another heart attack. My goal is to accept treatment and monitoring interventions to reduce my risk. * I will report chest pain or discomfort immediately. * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Date** | **Support I Need** | **Discipline** |
|  | * I need reassurance and a quiet environment when experiencing chest pain. * I need assistance with transportation to appointments with my cardiologist. * I need diversionary activities to help me relax when I am upset. * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Nursing  Nurse, SS  Nursing, Activities |
| **Date** | **Other Interventions** | **Discipline** |
|  | * Monitor for and report to nurse:   + Signs and symptoms of chest pain, pain radiating to my arm or neck, GI discomfort, shortness of breath, sweating, dizziness, fatigue   + Worsening of pain * Report changes in pain location, type, frequency, intensity to physician. * Provide comfort measures.   + Relaxation techniques   + Repositioning   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Administer medications to manage my medical conditions as ordered by the physician. * Invite, encourage, remind and escort to preferred activities consistent with my interests. * Consult/ follow up with cardiologist as scheduled/needed. * Provide specialized rehabilitation services as ordered   + PT   + OT * Educate me and my family about comfort measures, analgesic medications, and discuss fears/concerns regarding pain, comfort, and disease process. * Monitor vital signs and labs as ordered. * Report abnormal assessment findings or lab values to physician. * Diagnostic tests as per physician orders and notify of results. * Administer oxygen as ordered by the physician. * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | All  Nurse  NSG, SS, Activities  Nurse  Nursing, Activities  Nurse, SS  Rehab  Nurse  Nurse  Nurse  Nurse  Nurse |