**Student Preparation for Simulation**  
**James Thurber, 06/10/1952**

**Review Prior to Simulation Session:**
- All client information, pathophysiology, pharmacology, and laboratory studies
- NPEOC: Adult Critical Care Standard of Care
- Clinical Practice Guideline: Acute Coronary Syndrome (skim)
- OHSU Orders: Acute coronary syndrome
- Article: Management of Patients after PCI (skim)

*If clinical NOT at OHSU, take an opportunity to identify variations and similarities in standards and policies at your...*

**Client Case History:**

*60 year-old-male arrived at the ED* with the ambulance transporting his son who got hit by a car while riding his motorcycle. His son (Marcus) is in surgery for repair of a fractured pelvis, and will go to the acute care unit after OR. Upon arrival, Mr. Thurber began complaining of chest pain, and checked himself in to ED. EKG showed ST elevation. MONA protocol was followed and Metoprolol 5 mg IV x 3 was administered. Pain was unrelieved. He was sent to the cath lab for percutaneous transluminal coronary angioplasty. LAD (left anterior descending artery) and RCA (right coronary artery) were dilated and 2 stents placed. He was loaded with Plavix and Heparin. Sheath was pulled, and site was closed with Perclose suture device. He should remain flat for next 6 hours and is on an Aggrastat drip and a Heparin drip. You are the nurse on the Interventional Recovery Unit (11C).

**Past Medical History:**

Angina, HTN, carpal tunnel surgery both wrists

**Allergies:** Sulfa  
**Height:** 5' 6"  
**Weight:** 70 kg  
**Meds:** ASA 81 mg PO daily, Metoprolol 25 mg PO daily, and NTG PRN  
**VS:** BP 148/98  
**HR:** 80  
**RR:** 16  
**T:** 37.0  
**SpO₂:** 98% on 2 lpm per NC  
**Labs:** EKG, CBC, BMS, Troponin <0.2 ng/mL

**Orders:**
- Admit to adult critical care unit, Dx: Acute Anterior MI S/P PTCA
- VG per protocol, telemetry. GCDs
- BR with HOB <30 degrees
- Strict I/O, Diet: Clear liquids, encourage fluids
- NS with 20 mEq KCL/L @ 75 mL/hour
- Metoprolol 25 mg PO daily, start tomorrow
- Enalapril 2.5 mg PO daily, start tomorrow
- Plavix 75 mg PO daily, start tomorrow
- Aspirin 325 mg PO daily, start tomorrow
- Lipitor 20 mg daily PO at HS
- Nitroglycerin 0.4 mg sublingual q 5 min prn chest pain; maximum 3
- Aggrastat 0.1 mcg/kg/min IV continuous
- Heparin 1,000 units IV bolus (done) and Heparin continuous infusion 800 units/hr
- Labs CBC, BMS, EKG in AM, Troponin q 8 hr until peak (next at 2000)
- Morphine sulfate 2-4 mg IV Push prn chest pain
- IS 10 times q 1 hr while awake, CDB exercises, Maintain SpO₂ >95%
- Notify HO: SBP>140 <80, DBP>90 <50; HR>120 <50; RR>25 <8; T>38.5; UOP< 30 ml/hr x 8 hours

Sarah Winters MD