MYOCARDIAL INFARCTION—a nursing care study

By

ALICE K. J.

3rd Year Student, Nirmala Hospital, Calicut

Myocardial infarction is a morbid condition of the heart muscle tissue resulting from obstruction in the blood circulation to the heart. The blood supply to the myocardium is diminished either due to a clot formed in the coronary artery or due to the narrowing and thickening of the arteries. When the blood supply is diminished there is severe cramping and crushing type of pain. The muscle of the heart being diseased the activity of the heart is also lessened. It is not able to pump enough blood to all parts of the body.

Signs and symptoms

The patient, Mr. X, 35 years male, was admitted to the Intensive Care Unit of the Hospital on 16-2-75. He was the youngest son from a middle class family. He had a job in a factory that fetched him about Rs. 400 per month. On admission, his main complaints were : severe left sided chest pain, sweating, nausea and vomitting. He was examined by the doctor and diagnosed as a case of Myocardial infarction.

On admission, the following orders were carried out :

Half hourly BP, Pulse

Complete bed rest

Inj. Morphine 10 mg i.m. stat and P.R.N.

Tab. Lasix 40 mg alternate day.

The following tests were carried out : S.G.O.T., Serum Cholesterol and E.C.G. The findings were : S.G.O.T.12 units ; E.C.G. abnormal traces ; Serum Cholesterol 290 mg. The other investigations were as under :

Blood test for TLC and DLC was within the normal limits except the esinophils and lymphocytes which were on the higher side. Esinophils 12% and Lymphocytes 54%.

Urine test for albumin and sugar was normal but there was presence of epithelial cells ++.

Causes Presumably the causes in this case were obesity, high serum cholestrol, arteriosclerosis and smoking. The causes such as heredity and diabetes were not responsible for the onset of this condition.

The patient had sudden onset of pain and the pain was located under the sternum which radiated to the left arm. The pain came on rest and it lasted for a long time. There was nausea and vomitting along with the pain and the patient perspired. There was low blood pressure.

In this case, there was no history of previous attack of angina. There was no sign of dyspnoea, cyanosis or rapid pulse.

Nursing Care and Treatment

Complete bed rest

The key point in the treatment and nursing care of myocardial infarction is rest both physical and mental. The rest should be continued until the circulatory system has been restored to normal and the area of infarction has healed. The period of rest should be from 3 to 6 weeks.

A clean comfortable bed was prepared for this patient in the Intensive Care Unit. Extra pillows and cardiac table was provided to the patient. A calm and quiet environment was provided to promote good sleep and rest.

Reassurance

Reassurance is very important to allay the worries and anxieties, both of the patient and the relatives. The relatives also must know about the condition of the patient, his treatment and prognosis.

Treatment

Anti-coagulants—Haperin 5000 units every six hourly and Dindivan tablet 55 mg. bd. were given. When anti-coagulants were given, watch was kept for bleeding and also test for B.T.C.T. was carried out frequently. These drugs are given to prevent further clot formation. Diuretics like Lasix 40 mg. was given on alternate days.

Observation

Patients' blood pressure, pulse and respiration were checked every hourly for the first 2 days, then every 4 hourly. Temperature was taken twice a day and charted in the case sheet accurately. A watch was kept for any change in the colour of the skin and mucous membranes.

Diet

The diet in case of heart diseases must be light and liquid for the first few days and later semi-solid. It was offered at frequent intervals in small amounts to avoid bulky meals as full stomach puts pressure on the heart. The use of tea and coffee was limited because these stimulate the blood circulation. Low fat and low salt in diet was given.

The food was served attractively and all efforts were made to avoid unpleasant scenes and odours at the time of meals.

Intake and output chart

A correct intake and output must be recorded as to know how much fluid he is taking and whether it is enough for him and how much is the output. The relatives also must be instructed about the kind of feed he should be given. A piece

of paper was given to him and the relatives were instructed to keep an accurate record of what all fluids were given to the patient and to keep note of the time and the amount also. A graduate measure was given to measure the fluids. Similarly, all the urinary output was also measured.

Personal Hygiene

Everyday a sponge bath was given to the patient. Mouth was also attended to.

Elimination

This patient was getting milk of magnesia 1 oz. at bed time to have bowel movement and to prevent constipation. Strain at the time of elimination can put strain on the heart. Urinals and bed pans were offered whenever he needed.

Restriction of visitors

Only one person was allowed to stay with him. To provide good rest and sleep it was necessary to restrict visitors.

Recreational Therapy

This patient was interested in hearing music and he was provided with a radio. He was also provided with some books in which he was interested. Recreation therapy diverts the mind of the patient and relieves anxities and worries.

On Discharge

This patient was taught about personal hygiene, care of mouth, regularity in taking medications and importance of rest and sleep. At the time of discharge of the patient. the following medicines were ordered :

Calmpose 1 tab. in the morning, ½ tab. in the afternoon and 1 tab. at bed time. He was advised to take only liquid and soft diet. He was instructed to reduce the amount of fat in his diet. He was advised to take rest for 6 weeks and then continue his work and to come back for check up after a week.

He was discharged on March 15, 1975.

World Health Day - 7 April 1976

World Health Day will once again be celebrated this year ; "Foresight Prevents Blindness" has been chosen as its theme. The aim of each World Health Day, on 7 April, is to draw the attention of the public to a health theme of great importance and concern to a large number of countries.

It is estimated that 10 to 15 million people are blind today. The WHO's South-East Asia Region accounts for almost one-third of the world's blind. Tragically, two-third of these cases could have been prevented ; 20 per cent of cases—those due to cataract-are curable. Most of the preventable cases are those that affect children. Unless action is taken to apply the knowledge we have, the number of blind people could double before the end of the century.

This theme of prevention of blindness has been selected for 1976 in order to stress the need for increased awareness among the public and for resources, both financial and physical, to mount a world-wide collaborative effort against this very largely avoidable form of human suffering.

Steps should be taken by all the State Branches to promote the observance of World Health Day in a fitting manner. You are welcome to request more information on the theme of the World Health Day.

ATTENTION

ALUMNI MEMBERS OF KUGLER HOSPITAL

Plans are under way for a get-together of the old graduates of Kugler Hospital School of Nursing, Guntur, in June this year. All those nurses who left Kugler Hospital and are working elsewhere, are requested to send their addresses to enable us to send invitations and newsletters for the proposed meeting. Please write to Miss P. Alice Mary, Nursing Superintendent, Kugler Hospital, Guntur (Andhra Pradesh)