

# POST STEMI PATIENT CARE

## Standard Care

- Vitals Q15 x4, Q30M X4, Q1H X4
- Document Neurovascular & Cath Site Assessment in Post Arteriogram Assessment in Interactive View Q15 X4, Q30M X4, Q1H X4
- Assure Telemetry order, assess rhythm in clinical access, monitor for changes

## Post Cath Site Complications

- Patient's will come out with TR band or Quick Clot - Check Removal Policy
- Monitor for oozing at site after dressing removal, place air back in TR band if oozing occurs
- Hematoma requires manual pressure and MD notification
- Assure Bedrest order for 2 hours post procedure if femoral access used, lock HOB to 30 degrees – Splint area with sneezing, coughing, etc. for 1 week
- Protect radial sites from manipulation for 24 hours post procedure

## Potential Complications POST STEMI

### Re-Occlusion:

- Call RRT & Notify MD for any Chest Pain, obtain 12 lead EKG

### Arrhythmias/ Heart Block

- Early Beta Blocker Administration
- Check electrolyte Imbalances– K & MG replacement protocol
- Rhythm changes are considered critical result! You Must Notify MD and consider RRT Call

### Heart Failure/ Cardiogenic Shock

- Heart & Lung auscultation– watch for Fluid Volume Overload
- Tachycardia & Hypotension are most common signs of shock
- EKG, ECHO, Xray, Check BNP

### Pericarditis:

- Pleuritic pain, low grade fever, pericardial friction rub
- Treat with NSAIDS
- Can lead to Cardiac Tamponade & Chronic constrictive pericarditis

## Common IV Drip Medications

**Aggrastat, Angiomax:** Assure correct dosing compared to MAR, Note STOP times, Notify MD of any significant bruising or bleeding

**Refer to Sheath Care Folder for Instructions at 1st Floor Nurse's Station**