BACKGROUND

John has a past medical history of hypertension, hyperlipidemia, and obesity. He has a history of smoking, but he quit three years ago. He takes medications for his hypertension and hyperlipidemia, as well as a daily aspirin. He works as an accountant and reports a moderate level of stress in his job.

ASSESSMENT

* Vital Signs: John's vital signs are currently stable. His blood pressure is 122/80 mmHg, heart rate is 70 beats per minute, respiratory rate is 16 breaths per minute, and oxygen saturation is 96% on room air.
* Cardiac Monitoring: John is on continuous cardiac monitoring, which shows sinus rhythm with occasional PVCs. His EKG shows ST-segment elevation in leads II, III, and aVF.
* Labs: John's cardiac enzymes were elevated upon admission, with a troponin level of 8.5 ng/mL. His CBC, electrolytes, and renal function are within normal limits.
* Symptoms: John reports chest pain that started 2 hours ago. The pain is described as a pressure-like sensation, radiating to his left arm and jaw. The pain is currently rated as 7 out of 10 on the numeric rating scale. John also reports feeling lightheaded and short of breath.
* Medications: John has been started on aspirin, heparin, and nitroglycerin. The healthcare provider has ordered a beta-blocker and ACE inhibitor to be started once his blood pressure is stable.
* Interventions: John has received nitroglycerin and morphine for pain relief. Oxygen has been initiated to maintain oxygen saturation above 94%. John is on bedrest and is being closely monitored for any changes in his cardiac status.

RECOMMENDATION

The healthcare provider should be notified of John's current condition and the recent changes in his vital signs, symptoms, and cardiac monitoring. The provider should be informed of John's medical history and medication list. A repeat EKG and cardiac enzymes should be ordered to evaluate the efficacy of current treatment. The patient should be continued on continuous cardiac monitoring and strict bedrest until further notice. Nursing should closely monitor John's vital signs, cardiac monitoring, pain level, and oxygen saturation. The patient's family should be informed of his condition and the plan of care.



SITUATION

John is currently admitted to the hospital after being diagnosed with an acute myocardial infarction. The healthcare team is currently monitoring his condition and adjusting his treatment plan as needed.

Patient: John Smith, 45-year-old male

Date of Admission: March 25, 2023

Admitting Diagnosis: Acute Myocardial Infarction

SBAR Assessment