

CARDIAC

Common conditions include heart failure, atrial fibrillation (irregular heartbeat) or angina. A myocardial infarction (heart attack) is a **MEDICAL EMERGENCY**. The most common sign of a heart attack is chest discomfort not relieved after following an action plan or the resident's care plan. It can also present as indigestion, sudden or severe shortness of breath, sweating, fainting, nausea and vomiting.

Alert

Chest discomfort needs to be reported to a registered nurse as soon as possible. Ask the resident to sit/lie down and rest. Chest discomfort can be frightening

If resident is unwell and a cardiac event is suspected, call 111, if no registered nurse, general practitioner or nurse practitioner is available





Signs and symptoms

- Swelling of ankles, lower legs or stomach
- Unexplained cough, especially at night
- Increasing weight
- Getting up to the toilet more frequently at night
- Decreased appetite, feeling full sooner or nausea
- An irregular or racing heartbeat
- Shortness of breath when resting or more breathless/tired after usual activities such as showering, dressing or walking
- Increasing fatigue or weakness
- Dusky or blue feet/fingers/lips
- Sweating
- Needing more pillows to sleep
- Increased confusion
- Collapse

CHEST PAIN/DISCOMFORT

- Resident may report discomfort in the centre of the chest, jaw, back and or arms
- Discomfort may be described as crushing, tightness, heaviness or burning that does not go away and gets worse
- Pain may be associated with breathing changes, like shortness of breath, nausea or vomiting, sweating and/or dizziness

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Assessment

- **Vital signs.** If no registered nurse is available, note changes from baseline
- **Assessment of chest pain,** if no registered nurse is available
- **Know your resident.** Is this a new condition or a deterioration of an existing condition?

ACTION

Action plan

- **Report signs and symptoms immediately** to the registered nurse and document all observations and action in resident's notes
- **If previous history of chest pain**, then follow the action plan or resident's care plan (administer GTN/oxygen if standing order)
- **Refer to Cardiac RN Frailty Care Guide** for further information



RECORD

Document in progress
notes/update care plan

If resident is unwell and a cardiac event is suspected, call 111, if no registered nurse, general practitioner or nurse practitioner is available

RECORD

CARE AND MANAGEMENT OF RESIDENT

Follow the care plan for management. This may include the following.

- Daily or regular weight check (for fluid status):
 - resident's weight should be checked at the same time each day with resident wearing similar clothing
 - a 2 kg gain or loss over a few days needs to be reported because this is likely due to fluid retention or loss rather than actual weight
 - recognising weight loss or gain as early as possible is important
- Note if the resident has any changes to their breathing
- Note if the resident has any extra swelling, especially around ankles, legs and tummy
- Resident may need additional assistance with activities of daily living when unwell
- If resident's fluids are restricted, monitor fluid intake accurately (include all fluids, soup and so on)
- Monitor food intake
- Manage urinary incontinence and monitor bowels
- Undertake skin checks and pressure injury prevention
- Ask if the resident has an Advanced Care Plan
- Undertake palliative care for residents with end stage cardiac disease
- Ensure the call bell is within reach