

Name:

NHI:

DOB:

Acute Coronary Syndrome Client Education following hospital discharge - Community Nursing Resource

Recommend arrange to see client and family within 1 week of discharge;

Hospital discharge date: Date of first RN visit:

| Client Education | Information | Rationale | Sign & date |
|-------------------------------------|--|---|-------------|
| Discharge diagnosis | <ul style="list-style-type: none"> Review hospital discharge letter together Establish what education material has already been provided | To establish the client, family and carer's understanding of diagnosis, outcome & follow-up plan | |
| GTN spray use (Glyceryl Trinitrate) | <ul style="list-style-type: none"> Confirm a GTN spray has been prescribed and is with the client Ask the client to describe their angina symptoms that led to hospitalisation Clarify if they would recognise those symptoms again – known as 'angina' Provide clear instruction on use of GTN spray and when to seek help (refer to 'Angina action plan' on back page recommended resource 1) Only use GTN spray when sitting down (avoid fall) Explain the need to carry GTN spray at all times Identify any barriers to calling for an ambulance. Investigate need for St John's subscription | To ensure safe management of angina and know when to call for an ambulance | |
| Medications | <ul style="list-style-type: none"> Check prescribed medications from the discharge letter with the client's supply. Follow up any discrepancies Post myocardial infarction, check prescribed: Statin, Aspirin, ACE-I & Betablocker (SAAB) and ticagrelor (or clopidogrel) unless contraindicated Establish the client/carer's knowledge of reason why each medication has been prescribed Explain if medications are having side effects, seek alternative medications with GP Investigate if any barriers to obtaining future medications (financial/access/high user) | <p>To ensure medication reconciliation & client safety</p> <p>To reduce risk of future cardiac event & prevent heart failure development</p> <p>To promote understanding of medications and 'buy-in'</p> <p>To ensure access to medications</p> | |
| Physical activity guideline | <ul style="list-style-type: none"> Begin with short 'snacks' of activity eg 5-10 mins. Gradually increase to at least 30 mins most days; 2x15mins or 3x10mins if preferred Walk on the flat for 2/52, then attempt hills/inclines and steps Talk test: ensure able to talk throughout activity, if short of breath then slow pace Resistance exercise is also important ie light weights (1kg) with high repetitions – NO breath holding Limit time sitting down eg TV, computer For invitation to a 7 week exercise programme at the gym, with individual training programme refer to cardiac rehab (Whangarei district only) | <p>To promote safe return to normal daily life and significantly reduce risk of future cardiac event</p> <p>Exercise is also effective in reducing risks or complications of many other conditions eg depression, arthritis, diabetes, cancer, dementia</p> | |

NORTHLAND DISTRICT HEALTH BOARD in partnership with Manaia & Te Tai Tokerau PHOs

TITLE: Acute Coronary Syndrome client education following hospital discharge – community nursing resource Page 1 of 3

FIRST ISSUED: March 2015

REVISION DATE: March 2018

ISSUE : 1

REVISED BY: NDHB Nurse Educator, Cardiac July 2014

REVIEWED BY: Cardiology Nurse teams NDHB & ADHB, Manaaki

Acknowledge ADHB for original resource

Manawa, Community nurses & Dr Stephen Jennison

AUTHORISED BY: Mary Carthew: Associate Director of Nursing: primary health care. Manaia Health PHO

Name:

NHI:

DOB:



| | | | |
|---|---|--|--|
| Anxiety & depression | <ul style="list-style-type: none"> Can be common after a cardiac event but returns to normal as time passes. Consider strategy to regain balance If overwhelming recommend discussing with nurse or doctor. Use validated tool to assess eg PHQ9, HADS, Kessler 10 Discuss use of self-management plan (found on website www.healthnavigator.org.nz) | Client & family have information & support to cope | |
| Social determinants (affecting self-management) | <ul style="list-style-type: none"> Engage with client and family to identify current issues causing additional stress, for example: <ul style="list-style-type: none"> Transport Food security Housing Drug & ETOH issues Impending law & order issues | To determine if support measures +/- referrals (whanau ora) could reduce stress and enable effective self-management | |
| Return to work | <ul style="list-style-type: none"> Identify occupation After MI, usually advise return to work after 2-3 weeks unless job includes heavy lifting (often links in with return to driving) | To promote safe return to work | |
| Return to Driving | <ul style="list-style-type: none"> Clarify if driving on a private +/- commercial** licence (see ** below) Refer to NZTA website 'Medical aspects of fitness to drive'. All licences specified. Check private & commercial licence restrictions when they are allowed to return to driving (Car licence – no driving for 2 weeks after MI, or 2 days post PCI (no MI)) | To promote safe recovery for individual and community | |
| Cardiac Rehabilitation programme | <ul style="list-style-type: none"> Cardiac rehab is beneficial if the client is able to attend. Discuss local options/alternatives in Northland | To support recovery & promote lifestyle choices to reduce future cardiac problems | |

Cardiology OPA 6/52 post discharge - date booked (if not heard by 4/52 post discharge contact cardiac rehab nurse)

Recommended resources from the Heart Foundation:

- 1 'A guide to recovery after a heart attack'
- 2 'A guide to angioplasty booklet'
- 3 'A guide to heart healthy eating'

Driving **If client employed as commercial driver, will need exercise treadmill +/- ECHO from 4/52 post discharge, prior to cardiology OPA to determine if safe to return to driving commercially. Advise client to inform employer – insurance considerations. Phone Cardiac Rehab nurse to check appointment made & fast track where possible

NDHB Cardiac Rehab Nurse: phone 09 430 4101 x 7124 or 021 470124

| | | |
|---|---------------------------|---|
| NORTHLAND DISTRICT HEALTH BOARD in partnership with Manaia & Te Tai Tokerau PHOs | | |
| TITLE: Acute Coronary Syndrome client education following hospital discharge – community nursing resource | | Page 2 of 3 |
| FIRST ISSUED: March 2015 | REVISION DATE: March 2018 | ISSUE : 1 |
| REVISED BY: NDHB Nurse Educator, Cardiac July 2014 Acknowledge ADHB for original resource | | REVIEWED BY: Cardiology Nurse teams NDHB & ADHB, Manaaki Manawa, Community nurses & Dr Stephen Jennison |
| AUTHORISED BY: Mary Carthew: Associate Director of Nursing: primary health care. Manaia Health PHO | | |

Name:

NHI:

DOB:



Cardiac Risk Factor Assessment

| Risk Factor | NZ Recommendations | Client's current Date: | At 3/12 follow up Date: |
|---|---|------------------------------|----------------------------|
| Smoking | Smokefree | | |
| ↓level of exercise | 30mins most days | | |
| Hypertension | <130/80 | | |
| Overweight | <i>Waist line:</i> < 100cm men < 90cm women <i>BMI: < 25</i> | Ht: Wt: BMI: Waist: | |
| Diabetes | HbA1c 50- 55mmol/L | | |
| ↑alcohol | Reduce excessive alcohol intake ≤2-3 pub measures daily for men ≤1-2 pub measures daily for women <i>(don't start for health reasons)</i> | | |
| Harmful stress | Identify 'ugly' stress eg at work, home, financial, traumatic life events. Determine support needed | | |
| Medications post ACS Prompt | Statin | | |
| | Aspirin | | |
| | ACE inhibitor/ARB | | |
| | Betablocker | | |
| | GTN spray | | |
| | Ticagrelor (or clopidogrel) | | |
| Dyslipidaemia | Total cholesterol < 4.0 | | |
| | HDL 'good' ≥ 1.0 | | |
| | LDL 'bad' < 1.6 (STEMI guidelines NZ 2013) | | |
| | Triglyceride < 1.7 | | |
| | Total/HDL ratio < 4.0 | | |
| Family history of premature IHD, ie first degree relative <55yrs man, <65yrs women <i>(or of Maori, Pacific Island or Indian descent)</i> | CVD risk assessment for family members: Men > 35yrs Women > 45yrs | Names & relationship: | |
| Food choices | Increase fibre Reduce saturated fat, sugar, salt | Assess. Identify a change | |
| Signature | | | |

Reference: New Zealand Primary Care Handbook 2012

| | | |
|---|---------------------------|--|
| NORTHLAND DISTRICT HEALTH BOARD in partnership with Manaia & Te Tai Tokerau PHOs | | |
| TITLE: Acute Coronary Syndrome client education following hospital discharge – community nursing resource | | Page 3 of 3 |
| FIRST ISSUED: March 2015 | REVISION DATE: March 2018 | ISSUE : 1 |
| REVISED BY: NDHB Nurse Educator, Cardiac July 2014 Acknowledge ADHB for original resource | | REVIEWED BY: Cardiology Nurse teams NDHB & ADHB, Manaaki Manawa, Community nurses & Dr Stephen Jennison |
| AUTHORISED BY: Mary Carthew: Associate Director of Nursing: primary health care. Manaia Health PHO | | |