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Pain interfering with rest or activity Acute coronary syndrome

Adult Health Nursing | Focused diagnosis-based template

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Fictional educational example. Individualize using verified patient findings, authorized treatment and current local protocols. No real patient record or observed outcome is claimed.

Clinical assessment

Subjective: Central chest pressure with sweating and nausea.

Objective findings and required checks: Distress and possible circulation changes; urgent cardiac assessment is underway.

Physical examination and investigations: Obtain urgent ECG and serial cardiac biomarkers according to the pathway; monitor rhythm and observations.

Supply actual values, units, timing and trends during supervised application. Do not invent missing clinical data.

Clinical focus and pathophysiology

Acute coronary syndrome: Reduced coronary blood flow threatens myocardial tissue and may cause arrhythmia or pump failure.

Medical / surgical management

Activate the acute coronary pathway, limit exertion and prepare prescribed antiplatelet and reperfusion-related care.

Illustrative drug and treatment study

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Medicine / treatment	Purpose	Nursing checks
Prescribed antiplatelet therapy	Reduce platelet-related thrombosis when indicated	Check contraindications, allergy and bleeding
prescribed nitrate	Relieve ischemic symptoms in suitable patients	Monitor blood pressure and contraindications.

Treatment examples are not a prescription. Verify the authorized product, dose, route, timing, contraindications and current local product information.

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Focused nursing-problem template

Nursing diagnoses use original clinical problem wording. They are not the licensed NANDA-I classification. Verify any formal label or code against your institution's licensed current edition; select actual or risk diagnoses only when supported by assessment.

Context task: Establish the immediate clinical priorities and verify the baseline before assuming a diagnosis.

Set individualized measurable targets and an exact review time. Select actual or risk statements only when supported by assessment.

Assessment: subjective / objective	Nursing diagnosis: original problem wording	Short- and longer-term goals	Nursing interventions with rationale	Evaluation
Ask: Ask about pain site, onset, severity, quality and the patient's acceptable pain level. Assess: Observe guarding, expression and effect on movement; use an appropriate pain scale.	Pain interfering with rest or activity. Possible factors: tissue irritation, injury or the underlying condition. Validate against the patient's assessment.	Short-term: At the next patient-specific reassessment: Pain decreases toward the patient-agreed target after reassessment. Longer-term: Before the clinically approved transition or agreed follow-up: Uses agreed comfort strategies and explains when new or worsening pain needs review.	1. Assess pain and associated red flags before and after treatment. Rationale: Changing pain may signal a complication and helps evaluate relief. 2. Provide comfortable positioning, reassurance and appropriate non-drug measures. Rationale: Comfort measures can reduce distress and complement prescribed treatment. 3. Give prescribed analgesia and monitor sedation, breathing and other adverse effects. Rationale: Relief should improve function without creating medication-related harm. 4. Activate the acute coronary pathway, limit exertion and prepare prescribed antiplatelet and reperfusion-related care. Rationale: Reduced coronary blood flow threatens myocardial tissue and may cause arrhythmia or pump failure. The condition-specific plan addresses the underlying problem while response is monitored.	Record the baseline and reassessed finding, the time and whether this goal is met, partly met or not met. If not met, reassess causes and revise or escalate. Do not record an unobserved improvement.

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Apply this template

Complete with verified data: assessment cues; supported actual problem or risk; measurable outcome and review time; selected authorized interventions and rationale; observed response and next action.

Subjective / objective cues: _____

Patient-specific target and review time: _____

Evaluation evidence and next action: _____

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Health education and continuing care

After stabilization explain medicines, cardiac rehabilitation, emergency symptom action and follow-up.

Transition only after clinical readiness is confirmed. Reconcile medicines, check access and caregiver support, and document who will review the patient and when.

Urgent warning signs

Ongoing chest pain, arrhythmia, syncope, shock or pulmonary edema requires immediate escalation.

Evaluation and conclusion

For each goal, document met, partly met or not met using observed evidence and the review time. Reassess and revise if progress is inadequate. Individual assessment, prioritized care and coordinated review guide this topic.

Quick Revision

- Reduced coronary blood flow threatens myocardial tissue and may cause arrhythmia or pump failure.
- Priority concerns: Pain interfering with rest or activity.
- Ongoing chest pain, arrhythmia, syncope, shock or pulmonary edema requires immediate escalation.
- After stabilization explain medicines, cardiac rehabilitation, emergency symptom action and follow-up.

Exam / viva: What assessment evidence supports this problem, and what measurable result would demonstrate improvement?

References

Nursing Fundamentals, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2024
https://wtcs.pressbooks.pub/nursingfundamentals/

Health Alterations - Open RN / WisTech Open, 2025
https://wtcs.pressbooks.pub/healthalts/

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Nursing Pharmacology, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2023
https://wtcs.pressbooks.pub/pharmacology2e/

B.Sc. Nursing curriculum and regulatory notifications - Indian Nursing Council
https://www.indiannursingcouncil.org/gazette-notification

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