Critical Analysis of a case study of Mr. Bright

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Coronary angioplasty is a procedure to open the heart’s blocked arteries. It consists of a putting a balloon temporarily in the arteries to widen them. Sometimes a wide wire is put in arteries called stent to prevent them from narrowing again. Some stents are medicated to keep the arteries open while others are just bare metal stents. Angioplasty can improve chest pain and short breathing problem. It will prevent your heart from getting damaged (Coronary angioplasty and stents - Mayo Clinic., 2019).

In the case study, Mr. Bright was having a heavy pain on the left side of his chest and the pain used to go up to his jaw and down to left arm. He visited a doctor who examined him and he was assisted by a nurse. He was asked about the pain history and his health condition as well. He said that he smokes 20 cigarettes day plus he has blood pressure problem and sugar problem as well. He was also having minor myocardial pain. He was asked to come the next day for further procedures. The next day he got angioplasty and the nurse checked his vital signs. She did the assessment through vital sign monitory. She checked her blood pressure and did his ECG which showed that he has 10 percent blockage in his artery. After having done the angioplasty the assessment of his glucose level was done by BGL monitoring, which showed his Diabetes as 10.0. BGL monitoring is a procedure for identifying the body glucose level. It helps to identify the level of insulin in the body and then it helps the doctor to recommend exercise and specific food for the patient. (Money, Caldwell, & Sciarra, 1999).

The nurse and doctors examined Mr. Bright with an ISBAR framework. ISPR is Introduction, Situation, Background, Assessment, and Recommendation and it is helpful in getting patient history with full information and important details. It is a very easy way of investigation about the health of a patient before he/she is hospitalized. The elements of ISPR that were used in MR. The bright case was his introduction, he was asked to give details about himself. Secondly, he was asked to highlight the background of this problem, like how it happened and when it happened for the first time? Then the doctor did an assessment by saying what do you think what it could be (O’Rourke, 2007)

The nursing care procedure that was lacking in the case of Mr. Bright was, firstly he was not informed by the doctor about his angioplasty so the recommendation part was missing from the procedure. He was been given sublingual GTN for the relief of the pain. But he was not been given any optimal care as the chest pain needs very optimal sort of care. Such patients need additional interventions. As the National Heart, Lung and Blood Institute PTCA says that 4.6% of the angioplasty patients suffer from coronary occlusions, and 4.8% have a myocardial infarction. So the majority of the patient have pain may be due to stretching of veins. So it should be kept in mind that other sorts of chest pay will occur after angioplasty (Ronnevig, Bjorsvik, Gullestad, & Forfang, 2003). But in the case of Mr. Bright his chest pain after angioplasty was not given that attention.

He was not given any guideline to follow after his angioplasty. That the insertion area needs to be cleaned twice a day. The area needs to be kept clean and dry, cream and lotions should not be used in that area. Lose clothes should be worn by the patient (Fischman et al., 1994).

The patient should not participate in any energetic activity for 5 days and heavy lifts to be avoided and the patient should not be straining during bowel movement. The patient needs to avoid stairs and the left arm is not frequently used till recovery (Anand, et.al, 2005).

Mr. Bright was not given a fluid guideline and follow up meetings were not arranged. He was not given the guidelines on what to eat and what not to eat. Although his the checked his diabetes but did not show any concern regarding the medication that might affect his sugar level. He was not given any health care tips for the future. He was not enrolled in the outpatient cardiac rehabilitation program, which suggests diet good for a healthy heart and also helps to quit smoking. Mr. Bright was a smoker but after his treatment, he was not encouraged to quit smoking.

Chest pain is an emergency situation and timely assessments need to be done. It requires highly skilled nurses for performing timely and accurate assessments. When a patient comes in the emergency department then the nurse performs a brief assessment and based on that assessment the level of urgency is indicated. After this further comprehensive assessment is done. The nurse should be using various techniques for this assessment and this might be chaotic to have a face to face communication with the patient (Munroe, Curtis, Murphy, Strachan, & Buckley, 2015).

Well, the doctor used simulation when Mr. Bright came to visit her and she advised the patient regarding his chest pain. The simulation can be accessed by ISBAR format as:

The ISBAR Format focuses on relevant details. It helps to focus on the most related information and avoid unnecessary information. The elements are;

**• Introduction:**

Mr. Bright introduced himself in front of the doctor and gave his date of birth which is 25th May 1950. He also let the doctor know that he is there due to a chest pain which he is having frequently.

**• Situation**

In the situation, the current happenings are discussed. Mr. Bright let the doctor know that he is having a pain in his chest, which goes up to his lower jaw and down to his left arm.

**• Background**

In the background, the issues that lead to pain are discussed. The doctor asked about his previous health problems and Mr. Bright said that he is a diabetes patient and he is taking medicine for it. He also let the doctor know that he has a blood pressure problem. He is a smoker as well as he drinks a lot. He also let the doctor know about the medicines he was using before.

**• Assessments**

Assessment is about the patient understanding of what his pain is all about. Well, Mr. Bright was not asked what this chest pain could be but he knew that he has a heart problem as the symptoms were clear.

• **Recommendation**

Recommendation deals with the idea that what could be done in such circumstances and Mrs. Bright was informed that his husband is going to have angioplasty and he will get rid of the pain (O’Rourke, 2007).

So the doctor and nurses followed ISBAR factors to do Mr. Bright’s assessment and he got relief from his pain

**References**

*Coronary angioplasty and stents - Mayo Clinic.* (2019).

Fischman, D. L., Leon, M. B., Baim, D. S., Schatz, R. A., Savage, M. P., Penn, I., … Nobuyoshi, M. (1994). A randomized comparison of coronary-stent placement and balloon angioplasty in the treatment of coronary artery disease. *New England Journal of Medicine*, *331*(8), 496–501.

Money, E. W., Caldwell, R., & Sciarra, M. (1999). *Vital sign remote monitoring device*. Google Patents.

Munroe, B., Curtis, K., Murphy, M., Strachan, L., & Buckley, T. (2015). HIRAID: An evidence-informed emergency nursing assessment framework. *Australasian Emergency Nursing Journal*, *18*(2), 83–97.

O’Rourke, M. (2007). The Australian Commission on Safety and Quality in Health Care agenda for improvement and implementation. *Asia Pacific Journal of Health Management*, *2*(2), 21.

Ronnevig, M., Bjorsvik, E., Gullestad, L., & Forfang, K. (2003). A descriptive study of early nonspecific chest pain after PTCA: important area for the acute health care personnel. *Heart & Lung*, *32*(4), 241–249.

Anand, S. S., Xie, C. C., Mehta, S., Franzosi, M. G., Joyner, C., Chrolavicius, S., ... & CURE investigators. (2005). Differences in the management and prognosis of women and men who suffer from acute coronary syndromes. *Journal of the American College of Cardiology*, *46*(10), 1845-1851.