

Poster Presentation Abstract Submission Form (page 1 of 2)

2nd Annual Conference

21st Century Visions of Critical Care ~ Newark, Delaware

Deadline: Poster Presentation Abstracts must be received on or before **August 1, 2008**

PRIMARY PRESENTER'S INFORMATION		
First name, middle initial, last name:	Lydia V. Brown	
Title, credentials:	RN, PCC	
Name of institution or organization:	Christiana Care Wilmington Hospital	
Department:	Step-Down Unit	
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CO-PRESENTER INFORMATION		
First name, middle initial, last name:	Tara King	
Title, credentials:	RN, BSN	
Name of institution or organization:	Christiana Care Wilmington Hospital	
Department:	Wilmington Transport Team 5E/w	
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E-mail your completed Poster Presentation Abstract Submission to:
Maureen A. Seckel at mseckel@christianacare.org

Poster Presentation Abstract Submission Form (page 2 of 2)

2nd Annual Conference 21st Century Visions of Critical Care

September 28 & 29, 2005 • Clayton Hall ~ University of Delaware, Newark, Delaware

Deadline: Poster Presentation Abstracts must be received on or before **August 1, 2005**

ABSTRACT			
Presentation Topic:	Please type an X into the box next to your selected topic:		
	Case Presentation	<input checked="" type="checkbox"/>	Creative Idea
	Research / Evidence Based Practice	<input type="checkbox"/>	
Title:	Did The Patient Have A MI		
Presenter(s):	Lydia Brown, Tara King, Jessie Jennings		
Credentials:	RN, PCC RN, BSN RN		
Organization:	Wilmington Hospital		
Abstract text: (Please type within the box below.)			
<p>Purpose: To create a scenario to aid in the understanding and development of critical thinking skills in the interpretation of labs and test results for patient exhibiting signs and symptoms of a MI (myocardial infarct), and advocating patients plan of care. Scenario: A 55 year old male admitted to step-down unit with diagnosis of R/O MI. Chief complaint shortness of breath and substernal chest pain with slight radiation to left shoulder for 1 day. Past medical history of hypertension, coronary artery disease, obesity and a smoker of ½-1pk/day for 20years. Family history insignificant for cardiac variances, but positive for diabetes and kidney failure. Tests ordered: cardiac enzymes x3, 12 lead EKG, cardiolyte stress test, 2D echo and NSP-1. Lab results: ck x3 (35, 89, 120), trop x3 (0.23, 0.57, 0.40), ckmb 6.8 , K+ 3.4, Mg+ 1.3, Cr. 2.5 Bun 46. EKG showed ST wave elevation. Results of 2D were an ejection fraction of 45%, and an abnormal stress test. Electrolytes were replaced and patient had a cardiac cath with stent placement. Evaluation: So did my patient have a MI: is the patient exhibiting signs and symptoms of a MI? Yes. Are there EKG changes? Yes (ST wave elevation may indicate ischemic changes and patient may need to be cardiac cathed. ST wave depression patient needs rest and monitoring) Are enzymes elevated? Yes (evaluate bun and creatinine these labs also affect troponin and ck). If the is yes to the above call physician.. If not continue to monitor. Outcome: Patient did rule in for an MI and was cardiac cathed. Teaching provided by the nurse included diet, daily activity to include the importance of exercise and weight lost, medication information, the importance of not smoking and signs/symptoms of a heart attack.</p>			

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Maureen A. Seckel at mseckel@christianacare.org