# Nursing Process Recording for a Cardiac Patient

Posted on September 5, 2024

## Appearance/Setting:

Client initials are J.S. The patient is 45 years old. The patient's physical appearance, mental state, and level of distress were quite alarming. He was worried, alert, and distressed. J.S. has already been suffering from cardiac disease. The hospital's room 202 was well-lit, located in the general medicine unit. The temperature and pressure of the room were pleasant. A heart monitor was present. The client was seated on the bed, and the student nurse was at the bedside. Family members were present at the time of the examination. Construction noise has impacted the conversation.

## Professional Goal for Interaction:

A patient-centered goal was used for professional goal for interaction, detailing what they want to accomplish during the consultation. The nurse may be sure that her efforts will be directed toward delivering efficient and timely treatment since this objective is quantifiable, patient-specific, and time-bound. (Treas et al., 2021)

| Column #1<br>Patient Communication<br>Verbal | Column #2<br>Nurse Communication<br>Verbal | Column #3<br>Nurse Self-Evaluation |
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| I have been experiencing some discomfort in my chest. | Hello Mr. Williams! My name is Mimi, and I'll be your nursing student. I came here, especially to see you and to inquire about your health. So how are doing | As I presented myself to the patient, I mentally prepared for our chat. Due to my preparation, the night before was stressful. I had to manage my emotions because they could affect the patient's comfort and our discourse. I should have taken a break to cool down before answering the patient's concerns. I now understand the role of emotional regulation in therapeutic communication and will work to enhance my own. |

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| I can hardly get a breather | “I am here to hear your concerns. Tell me more about your chest discomfort.” | The patient had problems breathing, and I addressed their concern. But my fear persisted. Relaxation techniques to control my anxiety before treatment may have led to a more patient-centered and relaxed involvement. |
| This difficulty breathing has continued for many days. | Let’s start with your respiratory issues. When did it begin, and how often does it occur? | I persisted in asking about the patient’s respiratory problems, including the frequency, which was a good strategy for learning more. To assure a more laid-back and patient-focused conversation, I could have, however, better controlled my nervousness. |
| It may be cardiac. I have had chest pain for a week now | Hmm… that’s not normal. We’ll work together to figure out what’s causing this. | I gave a good response by expressing my commitment to working with the patient to identify the problem and appreciating the gravity of the concern. To ensure a more at ease and assured approach to the patient, I should have managed my underlying nervousness better. |
| It feels like my chest is about to explode! I feel so much pressure and burning in my chest that the pain radiates to my neck | Chest pain is a cause for worry. Can you explain the discomfort and where it is radiating? | As is appropriate for a patient experiencing chest pain, I enquired about the patient’s description of their discomfort and its manifestations. My anxiousness, however, continued and could have been better controlled to produce a more comfortable and patient-centered engagement. |
| We have a history of heart disease in my family. My grandfather passed away due to a heart attack. | Do you have a family history of heart disease or cardiovascular issues? | As is appropriate for a patient experiencing chest pain, I enquired about the patient’s description of their discomfort and its manifestations. My anxiousness, however, continued and could have been better controlled to produce a more comfortable and patient-centered engagement. |

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| Working harder hurts much more, but when I'm relaxed and not doing much work, I don't feel much shortness of breath. | Tell me more about when your shortness of breath worsens and what helps. | In order to identify potential risk factors, I inquired about the family history of heart disease. However, my anxiety was still interfering with the conversation, and in order to deliver more effective patient-centered care, I need to concentrate on better managing it. |
| Sometimes, I feel like I'm about to pass out. | Have you any additional symptoms, such as nausea or sweating? | My nervousness remained a component in the conversation even as I persisted in asking questions about the patient's deteriorating symptoms and any potential easing agents. I should practise better emotion control in future conversations so that I can give more patient-centered care. |
| It may be a heart attack, and that scares me. | We will carefully examine your heart to rule out any significant problems | I gave the patient reassurance and clarified the strategy for a cardiac examination, giving them a sense of security and comprehension. Despite being present, my nervousness had little impact on this particular interaction. |
| Thank you so much for listening! I hope everything will be fine. | I am here to help and find solutions for you. We will begin with several tests to understand your issue better. | The patient expressed appreciation for listening throughout the final exchange. My response was positive and patient-centered since I reassured the patient and explained the strategy for more testing. My worry had little impact on our conversation. |

(Treas et al., 2021)

# 7. My evaluation of this experience:

I handled the patient's problems with empathy and consideration during our conversation. Paid close attention as the patient explained how he had been experiencing chest pain and shortness of breath. I got to the bottom by asking plenty of questions and behaving sympathetically. But after considering it, I see where I might use some enhancement. I suddenly felt pressured to quickly comfort the patient and discuss potential diagnostic and therapeutic options. Looking back, I could have asked more questions about the patient's health and lifestyle to see whether they contributed to their symptoms.

# References

Treas, L. S., Barnett, K. L., & Smith, M. H. (2021). *Basic Nursing: Thinking, Doing, and Caring*. FA Davis Company.