**Critical Path**

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<tr>
<th>Day of Admission (ER – HI)</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Additional Days (Repeat Day 4)</th>
<th>Discharge Day</th>
<th>Intervention Day</th>
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**Problem List**

| D | N | D | N | D | N | D | N |

**RN Signature**

| D | N | D | N | D | N | D | N |
### Patient Outcomes

#### VARIANCES

<table>
<thead>
<tr>
<th>Variance</th>
<th>Waiting for procedure:</th>
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<tbody>
<tr>
<td>104</td>
<td>Recurrent Chest Pain</td>
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<tr>
<td>110</td>
<td>Heart Failure</td>
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<tr>
<td>109</td>
<td>Arrhythmia requiring intervention</td>
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<tr>
<td>102</td>
<td>Vital Signs</td>
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<td>800</td>
<td>Waiting Placement/Transfer</td>
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<tr>
<td>101</td>
<td>Post procedure Vascular Complications</td>
</tr>
</tbody>
</table>

---

### Day 1

**Management of Chest Pain & Ischemia**  
- Patient notifies staff of chest pain  
- No ECG ST segment shifts or conduction defects  
- Patient is pain free

**Potential for Bleeding Complications**  
- No evidence of bleeding or neurological change  
- High within 20 gm of baseline

**Activity Tolerance**  
- Tolerates activity (pain free, no SOB)  
- No limitations to activity

**Anxiety**  
- Patient exhibits feelings re-admission  
- Patient acknowledges absence of anxiety  
- Patient identifies need for social &/or financial support

**Education**  
- Patient/family able to discuss/understand  
- Importance of close monitoring during early stage of hospitalization  
- Basic elements of CAD, (M vs UH)  
- Need to report chest pain/descriptor  
- Appropriate pain management & use of nitroglycerin (NG)  
- Need for treatment & monitoring

---

### Day 2

**Management of Chest Pain & Ischemia**  
- Patient notifies staff of chest pain  
- No ECG ST segment shifts or conduction defects  
- Patient is pain free

**Potential for Bleeding Complications**  
- No evidence of bleeding or neurological change  
- High within 20 gm of baseline

**Activity Tolerance**  
- Tolerates activity (pain free, no SOB)  
- No limitations to activity

**Anxiety**  
- Patient acknowledges absence of anxiety  
- Patient identifies need for social &/or financial support

**Education**  
- Patient/family able to discuss/understand  
- Appropriate pain management & use of nitroglycerin (NG)  
- Need for treatment & monitoring

---

### Day 3

**Management of Chest Pain & Ischemia**  
- Patient notifies staff of chest pain  
- No ECG ST segment shifts or conduction defects  
- Patient is pain free

**Potential for Bleeding Complications**  
- No evidence of bleeding or neurological change  
- High within 20 gm of baseline

**Activity Tolerance**  
- Tolerates activity (pain free, no SOB)  
- No limitations to activity

**Anxiety**  
- Patient acknowledges absence of anxiety  
- Patient identifies need for social &/or financial support

**Education**  
- Patient/family able to discuss/understand  
- Appropriate pain management & use of nitroglycerin (NG)  
- Need for treatment & monitoring

---

### Day 4

**Management of Chest Pain & Ischemia**  
- Patient notifies staff of chest pain  
- No ECG ST segment shifts or conduction defects  
- Patient is pain free

**Potential for Bleeding Complications**  
- No evidence of bleeding or neurological change  
- High within 20 gm of baseline

**Activity Tolerance**  
- Tolerates activity (pain free, no SOB)  
- No limitations to activity

**Anxiety**  
- Patient acknowledges absence of anxiety  
- Patient identifies need for social &/or financial support

**Education**  
- Patient/family able to discuss/understand  
- Appropriate pain management & use of nitroglycerin (NG)  
- Need for treatment & monitoring

---

### Additional Days (Repeat Day 4)

**Management of Chest Pain & Ischemia**  
- Patient notifies staff of chest pain  
- No ECG ST segment shifts or conduction defects  
- Patient is pain free

**Potential for Bleeding Complications**  
- No evidence of bleeding or neurological change  
- High within 20 gm of baseline

**Activity Tolerance**  
- Tolerates activity (pain free, no SOB)  
- No limitations to activity

**Anxiety**  
- Patient acknowledges absence of anxiety  
- Patient identifies need for social &/or financial support

**Education**  
- Patient/family able to discuss/understand  
- Appropriate pain management & use of nitroglycerin (NG)  
- Need for treatment & monitoring

---

### Discharge Day

**Management of Chest Pain & Ischemia**  
- Patient notifies staff of chest pain  
- No ECG ST segment shifts or conduction defects  
- Patient is pain free

**Potential for Bleeding Complications**  
- No evidence of bleeding or neurological change  
- High within 20 gm of baseline

**Activity Tolerance**  
- Tolerates activity (pain free, no SOB)  
- No limitations to activity

**Anxiety**  
- Patient acknowledges absence of anxiety  
- Patient identifies need for social &/or financial support

**Education**  
- Patient/family able to discuss/understand  
- Appropriate pain management & use of nitroglycerin (NG)  
- Need for treatment & monitoring

---

**Intervention Day**

**Management of Chest Pain & Ischemia**  
- Patient notifies staff of chest pain  
- No ECG ST segment shifts or conduction defects  
- Patient is pain free

**Potential for Bleeding Complications**  
- No evidence of bleeding or neurological change  
- High within 20 gm of baseline

**Activity Tolerance**  
- Tolerates activity (pain free, no SOB)  
- No limitations to activity

**Anxiety**  
- Patient acknowledges absence of anxiety  
- Patient identifies need for social &/or financial support

**Education**  
- Patient/family able to discuss/understand  
- Appropriate pain management & use of nitroglycerin (NG)  
- Need for treatment & monitoring

---

### Patient/family table to discuss/understand:

- The value of cardiology booklet for further information  
- Appropriate response to episodes of chest pain  
- Reasons for taking medications and need for pill prescriptions the day of discharge  
- Reassess unmet teaching needs.

---

### RN Signature

<table>
<thead>
<tr>
<th>Variance</th>
<th>Day 1</th>
<th>Day 2</th>
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**UOHI 21A (REV 05-2007) ID**  
**CHART - DOSSIER**  
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