

## **Student nurse opportunities**

Students join the cardiac rehabilitation team for a two week cardiology spoke placement. During this placement students will gain knowledge through observing a wide range of cardiac services.

### **AIM:**

To gain knowledge of the cardiology services provided by Chesterfield Hospital.

### **Learning outcomes:**

During the placement the student will:

- Observe consultations with patients throughout their admission.
- Gain knowledge and understanding of secondary prevention for coronary heart disease.
- Familiarise themselves with relevant information regarding diet, weight loss, alcohol consumption, exercise, medication and smoking cessation.
- Become familiar with the referral process to members of the M.D.T and the criteria on which to refer.
- Understand the psychological and social implications post M.I.
- Gain an understanding of the importance, the risks and benefits of exercise on the cardiovascular system.

- Have an insight into the various follow-up options for cardiac rehab.
- Have an understanding of the anatomy and physiology of the heart.
- Identify how they can use the knowledge gained during their placement in other clinical areas.

### **Learning Opportunities**

Cardiac rehabilitation, Manvers / CCU, Angiography Suite, Research Nurses, Cardio Respiratory Suite, Cardiac Matron, Rapid Access Chest Pain Clinic, Heart Failure Nurses, Post MI Follow-Up Clinic.

### **What is a myocardial infarction?**

A myocardial infarction (M.I), more commonly known as a heart attack is a medical condition that occurs when the blood supply to a part of the heart is interrupted, most commonly due to a rupture of a vulnerable plaque. The resulting ischaemia or oxygen shortage, if left untreated for a sufficient period, can cause damage and/or death of heart tissue. It is a medical emergency, and the leading cause of death for both men and women all over the world. Important risk factors are, a history of vascular disease such as atherosclerotic coronary heart disease and/ or angina, a previous heart attack or stroke, any previous episodes of abnormal heart

rhythms or syncope, older age, smoking, excessive alcohol consumption, drug abuse, high triglyceride levels, high L.D.L (low-density lipoprotein “bad cholesterol”), and low H.D.L (high density lipoprotein “good cholesterol”), diabetes, high blood pressure, obesity and prolonged high stress levels. Chronic kidney disease and a history of heart failure are also significant risk factors that may indicate a heightened disposition towards suffering an M.I.

### **What are the symptoms of a heart attack?**

The most common symptom of an M.I is chest pain. Typically a pressure sensation like “an elephant sitting on my chest” or a squeezing sensation like “a vice tightening around my chest”. Arm pain and neck/jaw pain can occur by itself or in conjunction with chest pain. Epigastric burning or pain is also a common symptom leading to misdiagnosis of an acute M.I. It may occur without chest pain and persists after treatment with antacids. Other classical symptoms of acute myocardial infarction include shortness of breath, nausea, vomiting, palpitations, sweating and anxiety (often described as a sense of impending doom). Patients frequently feel suddenly ill. Many M.I’s are silent, without chest pain or other symptoms. A history of diabetes should heighten the index of suspicion, particularly if the patient has diabetic neuropathy (diabetes-related nerve damage).