Acute Myocardial Infarction: A Descriptive Study of the Experience

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Literature Review 1900-2006

1. Medical treatment
   - EKG
   - IV fluids, bedrest
   - CCU
   - Medications
(Cont’d)

2. Nursing Care
   - Focus on relieving pain, hydration, comfort measures
   - Alcohol rubs, couldn’t move
   - Must have rest, fresh air, sleep
   - Dry, crisp linen

(Cont’d)

3. Patient experience
   - Earlier, no reference. Focus was on bedrest and immobility
   - Gradually, focusing on the patient’s perspective began to surface.
Case Studies

2. Flynn (1992)
3. Daly, Jackson, & Davidson (1999)

Purpose

To explore the life threatening event of a patient who has suffered an acute myocardial infarction (AMI). The focus will include from onset of symptoms through cardiac rehabilitation.
Research Questions

1. From the patient's perspective, what is the experience of the individual who has had an initial acute myocardial infarction?
2. What has been helpful in this experience?
3. What was difficult or challenging in this experience?

Interview Approach

- Gorden’s (1987) interview method was selected to understand patient’s experiences with an acute myocardial infarction. The method allows the researcher to capture a comprehensive understanding of the AMI from the patient’s perspective.
Method

- Gorden’s interview method included both probing questions and directed questions to meet the objectives of the interview.
- The interview was recorded and transcribed. Post interviews notes were taken.
- A second interview was conducted with each participant once the first interview was analyzed.
- Several in-depth interviews were conducted with each participant.

Sample

- Six participants were recruited post AMI during their cardiac rehabilitation program.
- 4 males; 2 females
- Post AMI 8-36 weeks
- SE Massachusetts
- Each participant was interviewed twice at a location of his/her choice
Analysis of Transcripts

- Each transcript was analyzed from onset of symptoms to rehabilitation.
- Stages identified
  - Onset of Symptoms
  - Emergency Room
  - ICU
  - Telemetry
  - Discharge/Home
  - Cardiac Rehabilitation

Quotes from Mr. Peters

“So on the Monday of Memorial weekend, I’m painting the apartment... That evening we went to a friend’s house where we had a cookout... I had a couple of beers and I had these cheeseburgers which he made this special sauce... which he called the love potion... It was a rich sauce which I normally don’t eat... but I did that evening...
Quotes from Mr. Peters - Cont’d

I had two of these love potion cheeseburgers and they were excellent and then he made all the fixings that go with it. I didn’t have them at the same time, I had one and then later on, I had another one... And so, I didn’t eat excessively... and I enjoyed it all... and (then) we went home with no complications whatsoever.

Quotes from Mr. Peters – Cont’d

During the evening that night I awoke... by chest pains and I immediately attributed it to the love potion on the cheeseburgers saying my friend’s concoction was a little bit too rich for me. And I had chest pain... which I called indigestion. Heartburn... and I don’t get heartburn on a regular basis. I got up...
I came out of bed. I came into the kitchen with this heart burn. I’m looking for antacids. (My wife) reminds me of an old wives remedy... apple cider (vinegar), drink apple cider (vinegar) and that would kill the heart burn... It was quite intense this pain... And I drank a couple of shots... I could feel the pain subside... And so I went to bed.

And so the next day... I got it again. Again, I’m thinking that it’s indigestion... and I take more of the apple cider vinegar and... antacids and I leave to continue to paint this apartment, which I did that all day. And by mid-morning the pain would go away. The next morning Wednesday... I get it again... Wednesday, Thursday, Friday... I would have the same symptoms and I would take apple cider vinegar and antacids and the pain would go away. And then on the particular Friday... the pain worsened.
Quotes from Mr. Peters - Cont’d

I was down painting and I got a little bit dizzy and I (had) vomiting symptoms which I felt that I was gonna vomit but didn’t vomit. I got in my truck. I drove around the corner to a little store and I bought Tums... Now it’s really killing me... I chewed several and sat in my truck and the pain went away completely. And finished my painting around 4 o’clock and worked on my boat until 6 o’clock... I returned home.

Quotes from Mr. Peters - Cont’d

My wife made me a spaghetti dinner... was able to have a couple of beers with the meal and I finished the whole meal symptom free... Went to bed eventually... In the middle of the night, I was awoken by this pain... chest pain again... However, now it’s different. It’s like 1 or 2 o’clock in the morning and I feel the difference in that... I got some numbness in one arm... and I got the chest pain again... is considerably more intense and I’m in a cold sweat.
And I’m thinking negatively now that... I’m having some heart attack symptoms. So, for the first time since the love burgers, I’m having... serious thoughts that I’m having heart attack symptoms. And, I’m fighting and resisting ‘cause I know I am in good shape, and I know I’m healthy, and I know that I go for my physicals and what not... I took some Tums and apple cider vinegar... it continued... I tried to go back to bed... and it’s not going away...

Finally about 6 or 6:30 in the morning, I called my oldest brother... and I asked him what his symptoms were like when he had his heart attack. He said why? So I explained my symptoms and he said to me, get dressed we’re going to the hospital right away.”
Findings

- Onset - greatest recall & detail
- Emergency Room - felt rushed and hurried, stunned in having a heart attack, felt foggy
- ICU - memories of specific nurses and care giving, little detail

Findings - Cont’d

- Telemetry - less specific; recall caregivers
- Discharge/ Home - sadness, depressed, varying limitations, and difficulty adjusting
- Rehabilitation - positive expressions for staff and program
Support

■ 1. Family & friends
■ 2. Efficiency of medical & nursing staff
■ 3. Spiritual source

Difficulties & Challenges

■ 1. Felt rushed, hurried
■ 2. Pain & discomfort
■ 3. Uncaring nurse situations
■ 4. Denied workup by pt. before AMI event occurred
Conclusion

1. Generally, I received as detailed a description as possible from the pt’s perspective
2. Family was the primary source of helpfulness. Also, effectiveness of personnel & spiritual source were helpful

Conclusion- Cont’d

3. Patients felt rushed, pain at different stages, and most had difficulty at home in some capacity
Implications for Further Research

- Build on current study to further understand the AMI from the patient’s perspective.
- Include more diversity of the sample in ethnicity, race, religion and geographical location
- Further analysis after traditional rehabilitation period to one year post AMI.

Implications for Nursing Education

- Findings may be used to guide nurses in caring for the patient with AMI
  - Attention needs to be placed on making the patient feel less hurried in the ER, giving more opportunities to make decisions
  - Teach the importance of genetic history
  - Teach variety of possible symptoms and information regarding patient’s risk status.
  - Encourage being proactive in talking with his/her doctor about preliminary workups
Health Care Practice

- Raises questions about the experience for the patient in the ER
- Inform consent- IRB
- Does the system itself cause the patient anxiety?