Factors Affecting Patients' Outcomes after Acute Coronary Syndrome

Thesis

Submitted For the Partial Fulfillment of the Master Degree
In
(Medical -Surgical Nursing)

By

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Dedication

I dedicate this research to God for giving me strength to overcome pressure till finished this thesis, and I would like to extend my deepest thanks and express my gratitude to My Husband (Mohamed) for always tolerate and encouraging And to my mother, sisters, brothers without them can't able to be successful in my work

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Abstract

Acute Coronary Syndrome (ACS) outcomes continue to be one of the most powerful measures of quality care in all health care settings for all caregivers. Nurse-sensitive outcome measurement is one of the most promising strategies that can enhance patient care and satisfaction of patients, families, and caregivers. **Aim:** the aim of this study was to identify factors affecting patients' outcomes after acute coronary syndrome. **Design:** A descriptive exploratory design was utilized in this study. **Setting:** the study was conducted in the Cardiology Care Units (CCU) at Ain Shames University hospital. **Study subjects:** A Purposive sample of 100 patients was included in this study. **Tools of data collection:** I-Interview questionnaire sheet. II-Patients' outcomes assessment tool .**Results:** The present study reveals that about half of the patients suffering from acute myocardial infarction with st- elevtion. The present study reveals that less than half of the patients suffering from diabetes mellitus and hypertension. The present study revealed that all patients under study weren't compromised for peripheral tissue perfusion and medication response at physical health outcomes. The study finding showed that there are high statistically significant positive correlations between physiological health outcomes, psychological and social health total outcomes. **Conclusion**: The present study revealed that the factors affecting patients' outcomes with ACS were age, educational level, work status, monthly income, present history and past history of the patients under study. **Recommendations:** Health education regarding eliminating the risk factors of ACS. Establishment of centers for screening the clients at risk for ACS .More research into biological and psychosocial aspects of health outcomes is needed in order to increase the understanding of ACS and to develop more effective interventions.

Keywords: Acute coronary syndrome, Patients outcomes.

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List of Abbreviations

Abbreviation	Meaning
ACC	American College of Cardiology
ACE	Angiogenesis Converting Enzyme
ACS	Acute coronary syndrome
AHA	American Heart Association
AMI	Acute myocardial infarction
AV	Atrio ventricular
AVF	Augmented voltage foot
AVL	Augmented voltage left arm
BP	Blood pressure
CAD	Coronary artery disease
CCUs	Coronary care units
CHD	Coronary heart disease
CK	Creatine Kinase
CK MB	Creatine Kinase myocardial band
cTnl	Cardiac troponin inhibitors
cTnT	Cardiac troponin tropomyosin
ECG	Electro cardiram
HDL	High-density lipoprotein
IV	Intravenous
LBBB	Left bundle branch block

Abbreviation	Meaning
LDL	Low-density of lipoprotein
LOC	Level of consciousness
LV	Left ventricular
MI	Myocardial infarction
MM Hg	Millimeters of mercury
mV	Milivolt
NANDA	North american nursing diagnosis association
NOC	Nursing Outcomes Classification
NSTEMI	Non-ST-segment elevation myocardial infarction
PCR	Per cutaneous revascularization
PTCA	Percutaneous transluminal coronary angioplasty
SES	Socio economic status
SK	Streptokinase
SNS	Sympathetic nervous system
STEMI	ST-segment elevation myocardial infarction
UA	Unstable angina
WHO	World health organization

Introduction

Acute coronary syndrome (ACS) is a major cause of death and disability worldwide. ACS, a common complication of coronary heart disease, is associated with more than 2.5 million hospitalizations worldwide each year and over seven million people every year die from coronary artery disease (CAD) accounting for 12.8 % of all deaths ***(Nicols, Townsend, Scarborough & Rayner, 2016).***

There are many modifiable risk factors for ACS. Most risk factors that initiate cardiovascular disease have genetic, physiologic, behavioral, and environmental components. Non-modifiable risk factors include age, genetics, and gender. Modifiable risk factors comprise smoking, dyslipidemia, hypertension, and diabetes, with obesity and metabolic syndrome are commonly involved ***(Shrafeldin et al., 2017).***

The client with ACS generally presents at emergency department or physician office with complaints of severe chest pain. The pain may be unrelieved by nitroglycerin or may be more sever and of longer duration than previous angina episodes. Electrocardiogram (ECG) is used in conjunction with blood levels of cardiac markers to differentiate between unstable angina and acute myocardial