

# **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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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

لسبحانك لا علم لنا  
إلا ما علمتنا إنك أنت  
العليم العظيم

صدق الله العظيم

سورة البقرة الآية: ٣٢



Praise be to **Allah**, the most Merciful, the most Compassionate for all the countless gifts I have been offered. One of them is accomplishing this research work.

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✍️ *Esraa Mahmoud*

# 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*

*I dedicate this research to my group mates, & all my friends.*

*Love You*

## 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- elevation. 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.

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**Keywords:** Acute coronary syndrome, Patients outcomes.

# Contents

<b>List of Tables</b> .....	i
<b>List of Figures</b> .....	iii
<b>List of Appendices</b> .....	iv
<b>List of Abbreviations</b> .....	v
<b>Introduction</b> .....	1
<b>Aim of the Study</b> .....	4
<b>Review of Literature</b> .....	5
Anatomy and physiology of the heart.....	5
Cardiac Circulation.....	5
Coronary Artery Disease (CADs).....	8
Acute Coronary Syndrome (ACS).....	8
Pathophysiology of ACS.....	10
Risk Factors of ACS.....	11
Manifestations of ACS.....	18
Diagnosis of ACS.....	19
Medical Treatment.....	24
Cardiac catheterization and angiography.....	28
Health teaching and life style changes.....	29
Nursing process for ACS.....	31
Nursing-Sensitive Patient Outcome.....	45

## Contents (Cont...)

<b>Subjects and Methods .....</b>	<b>55</b>
<b>Results.....</b>	<b>70</b>
<b>Discussion .....</b>	<b>88</b>
<b>Conclusion.....</b>	<b>106</b>
<b>Recommendations .....</b>	<b>107</b>
<b>Summary.....</b>	<b>109</b>
<b>References.....</b>	<b>115</b>
<b>Appendices .....</b>	<b>141</b>
<b>Arabic Summary .....</b>	<b>-</b>

## List of Tables

Table	Title	Page
	<i>Tables of Results</i>	
1(A,B)	Frequency distribution of socio demographic characteristics among the studied patients.	72,73
2	Frequency and percentage distribution of (the present & past health history) and family risk factors of the studied patients.	74
3	Frequency distribution of physiological outcomes among the studied patients.	75
4	Frequency distribution of psychosocial & perceived outcomes among the studied patients.	77
5	Correlation of the four main domains of health outcomes (biopsychosocial and perceived outcomes).	78
6	Relation between domains of health outcomes (biopsychosocial and perceived outcomes) and age.	79
7	Relation between domains of health outcomes (biopsychosocial and perceived outcomes) and gender.	80
8	Relation between four main scale (biopsychosocial and perceived outcomes) and educational level.	81
9	Relation between four main scale (biopsychosocial and perceived outcomes) and work status.	82
10	Relation between four main scale (biopsychosocial and perceived outcomes) and monthly income.	83
11	Relation between four main scale	84

<b>Table</b>	<b>Title</b>	<b>Page</b>
	(biopsychosocial and perceived outcomes) and present health history.	
12	Relation between four main scale (biopsychosocial and perceived outcomes) and Past Health history (Number of concomitant Disease).	85
13	Relation between four main scale (biopsychosocial and perceived outcomes) and family risk factors.	86

## List of Figures

Figure	Figures	Page
	<i>Figures of Review</i>	
1	Gross anatomy of heart	7
2	Coronary artery disease condition	9
3	Algorithm for evaluation and management of patients with suspected acute coronary syndrome (ACS)	23
4	Conceptual model of outcome measures	49

## List of Appendices

<b>Appendix</b>	<b>Appendices</b>	<b>Page</b>
<b>I</b>	Patients' interview questionnaire	141
<b>II</b>	Theoretical definitions	143
<b>III</b>	Patient outcomes assessment tool	147
<b>IV</b>	Percentage and number of patient health outcomes	164
<b>V</b>	Validity & Reliability	187
<b>VI</b>	Acceptance letter	190

## List of Abbreviations

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

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 List of Abbreviations

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