Acute stent thrombosis: the role of the nurse

Barica Stanić,
Mirela Jerković*,
Anita Juričić,
Matea Hiller

General Hospital "Dr. Josip Benčević", Slavonski Brod, Croatia

||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||

Acute myocardial infarction occurs due to coronary artery blockage and tissue necrosis in the area deprived of blood supply. The most common risk factors include atherosclerosis, hypercholesterolemia, obesity, arterial hypertension, stress, etc. The disease is diagnosed based on clinical presentation, changes in the 12-lead ECG, elevated troponin levels, CK-MB[1]. The most frequent symptoms that patients experience are chest pain and tightness, which can occur during physical activity or at rest. Significant complications include decompensation, arrhythmias, cardiogenic shock, cardiac arrest, and rupture of the heart wall. The treatment of myocardial infarction involves the administration of analgesics, fibrinolytics, anticoagulants, antiarrhythmics, sedatives, and oxygen. If it has been less than 6 hours since the onset, percutaneous coronary intervention (PCI) and stent placement can be performed. Opening the blood vessel after stent placement requires the use of antiplatelet therapy for a minimum of 12 months[2,3]. In addition to antiplatelet therapy, patients must take at least six other types of medications, including statins, antihypertensives, and diabetic medications due to the comorbidities that such patients often have. Given the short duration of hospitalization for uncomplicated myocardial infarction, patients often fail to comply with the full treatment regimen and the seriousness of the condition. In the absence of regular antiplatelet therapy, stent thrombosis and recurrent myocardial infarction can occur, necessitating urgent repeat PCI.

The role of the nurse in the treatment of these patients includes monitoring the patient upon admission to the Coronary Unit, performing an ECG, and placing an IV cannula. After receiving laboratory results, the patient goes to the Operating Room. Upon return to the Coronary Unit, another ECG is recorded, and the patient is connected to monitoring, and a compression band is loosened according to the protocol used for radial access in PCI. The nurse administers prescribed therapy, monitors the patient's blood pressure and oxygen saturation, as well as the occurrence of cardiac arrhythmias and bleeding at the puncture site. We believe that in addition to patient care, the nurse has the task of educating the patient about the importance of regular medication intake to prevent further complications. The average hospitalization for such a patient is approximately 5 days, during which patients often recover rapidly.

LITERATURE ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||

1. Broz Lj, Budisavljević M, Franković S. Zdravstvena njega 3: zdravstvena njega internističkih bolesnika. V izdanje. Zagreb: Školska knjiga. 2007.
2. Nikolić Heitzer V, Babić Z. Interventional treatment of acute myocardial infarction in Croatia. Kardio list. 2011;6(12):363-6. http://www.kardio.hr/pdf/Kardio%20list%202011_6_12_363-366.pdf
3. Babić Z, Pavlov M. Acute Coronary Syndrome in Croatia. Cardiol Croat. 2016;11(8):307-13. https://doi.org/10.15836/ccar2016.307