

**KNOWLEDGE OF POST DISCHARGE  
HOME CARE MANAGEMENT AMONG  
PATIENTS WITH MYOCARDIAL  
INFARCTION**

**PROJECT REPORT**

**PRIYA.L**

*DIPLOMA IN CARDIOVASCULAR & THORACIC  
NURSING*

**SREE CHITRA TIRUNAL INSTITUTE FOR  
MEDICAL SCIENCES & TECHNOLOGY  
THIRUVANANTHAPURAM**

**OCTOBER 2006**



## *CERTIFICATE*

*Certified that this is the bonafide work of  
PRIYA.L at Sree Chitra Tirunal Institute for  
Medical Sciences & technology*

*Submitted in practical fulfilment of the  
requirement for the Diploma in Cardio vascular & Thoracic  
Nursing from Sree Chitra Tirunal Institute for Medical  
Sciences & Technology.*

**PLACE: -TRIVANDRUM**

**DATE;**

*Saramm. P. P.*  
*15/2/2006*

KNOWLEDGE OF POST DISCHARGE HOME  
CARE MANAGEMENT AMONG PATIENTS  
WITH MYOCARDIAL INFARCTION

ADVISOR

Mrs.P.P.SARAMMA,  
Lecturer in nursing,  
Sree Chitra Tirunal Institute for  
Medical Sciences & Technology,  
Trivandrum.

## ACKNOWLEDGEMENT

All the glory and honour is to God who guided the investigator from the very beginning till the end for the successful completion of the work.

This study has been undertaken and completed under the guidance of **Mrs.P.P.Saramma,Lecturer in nursing, SCTIMST,Trivandrum.**The investigator expresses sincere gratitude for her enlightening and sustained guidance.

With profound sentiments and gratitude the investigator acknowledges the encouragement and help she has received from the following persons for the successful completion of the study.

The investigator take the opportunity to express the sincere thanks to Dr.A.V.GEORGE ,Registrar, SCTIMST,Trivandrum .She also takes this opportunity to express sincere thanks to Mrs.Vijayamma Harikrishnan,Nursing Superintendent,SCTIMST,Trivandrum.

The investigator also takes this opportunity to express the sincere gratitude to Dr. JAGAN MOHAN THARAKAN, Head Of the Department of cardiology, SCTIMST, Trivandrum. She expresses special thanks to sisters of coronary care unit. She record her special thanks to the library staff of SCTIMST for granting permission to utilize the library facility.

She likes to express thanks to all friends who helped directly or indirectly throughout this project. She wish to express he artful thanks to parents and relatives for their prayer and encouragement by all means throughout the endeavors.

She takes this opportunity to express sincere gratitude to all patients and caregivers during the time of data collection.

INVESTIGATOR.

# TABLE OF CONTENTS

<b>CHAPTER</b>	<b>TITLES</b>	<b>PAGE NUMBER</b>
<b>1.</b>	<b>Introduction</b>	<b>10-13</b>
	Background of the study	
	Need for the study	
	Statement of the problem	
	Objectives	
	Operational definitions	
	Delimitations	
	Summary	
<b>2.</b>	<b>Review of literature</b>	<b>14-21</b>
	Studies on post discharge home care management after myocardial infarction	
<b>3</b>	<b>Research methodology</b>	<b>22-27</b>
	Introduction	
	Research approach	
	Research design	
	Settings	

Population

Samples & sampling techniques

Development of data collection

Description of tool

Testing of the tool

Data collection procedure

Plan of data analysis

Summary

#### **4. ANALYSIS AND INTERPRETATION OF DATA 28-34**

#### **5. SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS 35-37**

Summary

Conclusion

Findings of the study

Implications

Recommendations

#### **6. BIBLIOGRAPHY 38**

#### **7. APPENDICES 40-46**

## **LIST OF TABLES**

<b>NO.</b>	<b>TITLE</b>	<b>PAGE</b>	<b>NUMBER</b>
1.	Distribution of sample according to age group&sex		
2.	Distribution of sample according to risk factors		
3.	Distribution of sample according To types of M.I.		
4.	Distribution of sample according to knowledge level of patients.		

## **LIST OF FIGURES**

<b>FIGURE</b>	<b>TITLE</b>	<b>PAGE NUMBER No .</b>
---------------	--------------	-----------------------------

- 1. Bar diagram showing the incidence of M.I. according to age &sex.**
- 2. Bar diagram showing the incidence of M.I. according to types of M.I.**
- 3. Bar diagram showing knowledge level of patients in each**

**sector**

## **APPENDICES**

**1 .STRUCTURED OBSERVATION SCHEDULE**

**2. CONSENT**

**3. PAMPHLET REGARDING “HOME CARE  
MANAGEMENT AFTER M.I.”**

# CHAPTER-1

## INTRODUCTION

### BACKGROUND OF THE STUDY

Myocardial infarction(M.I.) is commonly known as

a heart attack, simply put ,an MI is damage to an ,area of heart muscle caused by lack of blood flow. It occurs most often in the setting of Coronary Artery Disease(CAD). MI is caused by the rupture

of one of the fatty plaques. When the plaque ruptures a blood clot

can form which partially or completely blocks the artery.

Knowledge and understanding of home care

management after M.I. can be life saving. M.I. may occur as an isolated

phenomenon or secondary to some causes .On the basis of

Framingham study ,about 45% of all acute M.I. occur in people

younger than age 65 years , 5% occur in those younger than age 40

years .In C.C.U of SCTIMST, about 10% patients are admitted with

acute myocardial infarction.

Patients with an uncomplicated M.I. may be surprised to learn that it is safe to return home after about five days in the hospital. Before patients leave from the hospital, it is important for patients and relatives to make sure patient fully participate in and understand the discharge plan.

Make sure all doubts are cleared and that patient know how to take medications that have been prescribed. Follow-up care is of great importance since patients with a heart attack have a substantial excess risk of further cardiac events, including recurrent chest pain, another heart attack, heart failure, and an increased risk of injury.

## NEED FOR STUDY

Accurate timing for hospitalization and definitive management of M.I. have been improved by better understanding of risk factors, condition, signs and symptoms, diet, medications, exercise program and follow-up care.

Most patients have doubts regarding their risk factor reduction, medication, diet, exercise and follow-up care. In SCTIMST

about 20% patients admitted with acute MI are admitted with re-

infarction within 6 months. Pamphlet related to home care management after M.I is not available For that reasons ,the aims of this study targets not only coronary care management but also analyzing the possible risk factors and home care management.

## STATEMENT OF THE PROBLEM /TITLE

Knowledge of post discharge home care management  
Among patients with myocardial infarction.

## OBJECTIVES OF THIS STUDY

This study is intended to

1. Assess the knowledge level of the patients regarding risk Factors ,disease,medicines,exercise and follow-up care.
2. Prepare a pamphlet on home care management after M.I.

## OPERATIONAL DEFINITIONS

**KNOWLEDGE:** in this study knowledge means the verbal response

of patients regarding post discharge home care management after M.I.

**HOME CARE MANAGEMENT:** management of the patients related to risk factors, diet, exercise, medication after discharge with MI.

**MYOCARDIAL INFARCTION;** Patients who are admitted with Coronary Care Unit with a medical diagnosis of myocardial infarction.

## DELIMITATIONS

\*Samples size is limited to 20 only.

\*Samples include patients with myocardial infarction from only one institution.

\*Purposive sampling technique is used.

## SUMMARY

This chapter has included the background of

The study ,need for the study, statement of the problem,objectives of the

study,operational definitions and delimitations.

## **CHAPTER-2**

### **REVIEW OF RELATED LITERATURE**

Review of literature is an important aspect of any research project from beginning to end. It gives greater insight into the problem and helps in selecting methodology developing tool and also analyzing data .With these in view ,an intensive review of literature has been done.

Studies relating to home care management after M.I. done in India . Many studies in this area

have been conducted abroad. A division was made to review these studies to gain insight into the problem area ,approach to investigation and methodology.

The review of literature to this study is presented as following:

Belardinelli.R, et al (2006) conducted a study to evaluate clinical benefits of a metabolic approach in the cardiac rehabilitation of patients with coronary artery disease .Patients referred for cardiac rehabilitation may benefit on the cardiovascular system. There is evidence that trimetazidine improves left ventricular(LV) function in patients with ischemic and diabetic cardiomyopathy by shifting the cellular energy substract reference from fatty acids to glucose oxidation,and this that effect is associated with a better outcome.

Kate Perry et al(2001),conducted a study to assess symptom expectations and delay in acute myocardial infarction patients .In this study, they evaluated a consecutive sample comprising 47 participants with a confirmed diagnosis of acute M.I. (38 men and 9 women with a mean (SD) age of 6(13.4) years). 38% of sample had a family history of MI and 15% of participants had experienced a previous MI. patients were required to recall both the symptoms experienced as part of their MI.and the symptoms they expected using a list of 18 symptoms. 81% of the sample attempted to self treat their symptoms

before seeking professional medical care ,and this was associated with a significantly longer delay time. 55% of the sample consulted a physician before hospital presentation and there was a trend for their to be associated with longer delay times.

Kate Perry et al(2003),conducted a study to assess home-based versus hospital based cardiac rehabilitation after myocardial infarction; design and rationale of the Birmingham rehabilitation uptake maximization study. It evaluated in 4 hospitals serving a multi-ethnic inner city population in the UK were designed, randomized 650 adult .In those ,serum cholesterol ,smoking cessation ,blood pressure , hospital anxiety and depression score ,distance walked on shuttle walk test measured at 6,12,24 months. In depth interviews with non-attenders and non-adheres would ascertain patient views and acceptability of the programmes. Finally they recognized that home based cardiac rehabilitation were more useful and less cost effectiveness.

Jerry H. Gurwitz et al(1997),conducted a study in delayed hospital presentation in patients who had acute myocardial infarction. Information on length of delay was available for 2404 patients. Of those patients ,969(40%) delayed presentation to the hospital for more than 6 hours after the onset of symptoms. Risk for delay was greatest during the evening and early morning hours(6 pm to 6 am). Only

42% patients hospitalized with acute MI used emergency transport services.

Piotra kocur et al(2005), conducted a study to evaluate the results of short-term rehabilitation of patients after MI complicated with six-minute walk test(6MWT). The study population consists of 30 patients(15 women and 15 men) referred to a short term rehabilitation programme(12 training sections). The effects of rehabilitation programme were assessed on the covered distance, post-exercise pulse and blood pressure and rate pressure product of 6MWT. The post-exercise pulse blood pressure ,pressure product during 6MWT were significantly higher in men and lower in women .This finding may indicate that dissimilate mechanisms are involved in the adaptation to exercise in both genders.

Linden B et al (1995), conducted a study to evaluate home-based rehabilitation programme for patients recovering from acute myocardial infarction. A comparative study were carried out between two randomly allocated groups of patients receiving either the Heart Manual rehabilitation programme (n=17) or general advice and information book lets (n=17) ,with follow-up at 1,3,6 weeks after discharge with both groups. Questionnaire measurements included anxiety and depression score(HAD score) ,general practitioner visits , and patients perception of their confidence of recovery and progress.

The Heart Manual group showed improved levels of anxiety with unchanged scores in depression with little changes in their anxiety levels.

Gembitski EV ,et al (1983), conducted a study in various aspects of patients with myocardial infarction at the hospital stage in 1449 patients. Gradual expansion of movement regimen was based on a programme comprising 7 hospital ,stages for 3 clinical group of patients; those with mild(A),moderate(B)., severe(C).,of the disease. Rehabilitation procedures were to take up 35-40 days in group A ,40-45 days in group B, and 50 and more days in group C . The control group was composed of 220 patients on conventional treatment with prolonged bed rest . Accelerated rehabilitation was successful in 78.2% of the patients from group A&B. The duration of hospital stay were reduced by 23.1 days. Mortality (after 3-5 days of acute condition ) dropped from 8.9% to 5.2%.

Samkanage –Zeeb et al(2006), conducted a study in predicting non-return to work(RTW) in patients attending cardiac rehabilitation. In this study an advisory programme which could be integrated into existing rehabilitation programmes. More than 65% participants who had not returned to work 6 and 12 months following rehabilitation had been correctly identified as risk patients at the beginning of the rehabilitation process . 75% had been correctly

identified as not being at risk. Multiple regression analysis results showed that increased age, profession, positive expectations concerning RTW and level of depression were significant predictors of RTW. Gender and anxiety were not significant predictors.

Vermeulen A et al (1983), conducted a study in effects of cardiac rehabilitation after myocardial rehabilitation. In this study, prognosis during 5 years of follow-up after first MI in a group of men (aged 40 to 55 years) were related to risk factors determined at the time of MI. Only smoking and serum cholesterol level influenced prognosis. It was possible to identify a sub group (patients smoking <20 cigarettes per day and having a cholesterol level of less than 7 mmoles/L) with low risk for progression of CAD. A randomly applied 6 weeks rehabilitation program shortly after MI was associated with a 50% decrease in progressive CAD when compared to the control group.

Lau YK et al(1980), conducted a study in policy for early discharge after myocardial infarction. In this study simple criteria were used to select a low risk group of patients after MI. The criteria depended on the presence or absence of diabetes, pulmonary edema serious rhythm disorders and recurrent cardiac pain. Patients in the low risk category with a suitable home environment were discharge from a hospital after 5-7 days; they constituted 47% of the 267 hospital survivors over 18 months. Most complications preventing

early were identified on the first day. The results suggested that a policy of hospital discharge after 4 days would be justifiable for a low-risk group selected by the present criteria.

These studies helped in tool construction for the present study.

## **SUMMARY**

The review of literature on the above areas helped the investigator to gain deeper knowledge about risk factors, home care ,management after MI. However ,such studies done in Indian settings , could not be located.

The review of literature also helped in design of the study, development of tool ,information about sample, data collection procedures and plan for analysis.

## **BIBLIOGRAPHY**

- Linden B et al ,”Evaluation of a home-based rehabilitation programme for patients recovering from acute myocardial

- infarction.," Intensive Critical Care Nurse ," 11(1) ,Feb 1995,9-10.
- .Vermeulen A et al ,"Effects of cardiac rehabilitation after myocardial infarction: changes in coronary risk factors and long-term prognosis , "American Heart Journal ' ,105(3), 1983 may, 791-798.
  - Samkanger –Zeeb et al,' Predicting non –return to work in patients attending cardiac rehabilitation,' 29(1), March 2006 ,43-49.
  - Kate Jolly et al,'Home-based versus hospital based cardiac rehabilitation after myocardial infarction.'," BMC cardiovascular disorders", April 2003 ,page no: 3-10.
  - Gembitski EV et al ,"Various aspects of rehabilitation of patients with myocardial infarct at the hospital stage", "Kardiologia", 1983 sep,23(9), 72-75.
  - Lau YK et al, "Policy for early discharge after acute myocardial infarction", British medical journal, 1980 JUNE, 280(6230), 1489-1492.
  - Kate Perry et al, "symptom expectation an delay in acute myocardial infarction", HEART, 2001,86:91-93.
  - Jerry H. Gurwitz et al,' Delayed hospital presentation in patients with acute myocardial infarction""AMJ Cardiology,5 April 1997, 126:8, 593-599.

- Belardinelli R et al, “ Evaluate clinical benefits of a metabolic approach in the cardiac rehabilitation of patients with coronary artery disease”, AMJ Cardiology , 2006 sep ,98(54),255-335.
- Stewart MJ et al, ‘ Early discharge and return to work following myocardial infarction”, Socio medicine, 1984; 18(12),1027-1036.

## **CHAPTER –3**

### **RESEARCH METHODOLOGY**

Research methodology is the way to systematically solve the research problem. It is the science that studies

the steps that researcher adopts to study his problem with the logic behind.

( C.R Kothari)

This chapter provides brief description of different steps taken to conduct study , population, sample and sampling techniques, inclusion criteria and exclusion criteria ,development of data collection, content validity of the tool ,reliability of the tool , pilot study, data collection procedure and plan for data analysis.

### Research approach

A descriptive study approach was selected as the objectives of the study were (i) to assess the knowledge of patients regarding risk factors disease, medicines, diet, exercise and follow-up care. (ii) prepare a pamphlet on home care management after M I.

### Research Design

Research design is the conceptual structure within which the research is conducted. It facilitates the smooth sailing of various research operations and there by making research as efficient as possible yielding maximum information with minimal expenditure of effort, time and money.

## Setting

The study was conducted in patients in the Coronary Care Unit in Sree Chitra Tirunal Institute For Medical Science And Technology, TVM.

The rationale for selecting Sree Chitra Tirunal Institute for study was the investigators interest to assess the knowledge of post discharge home care management among patients with M I in a “Institute of National Importance” like this. The investigator was also familiar with this institute.

## Population

Patients with Myocardial Infarction in CCU of Sree Chitra Tirunal Institute for Medical Science And Technology. The population for this study was patient from 40 to 65 years of age.

## Sampling

Sampling technique refers to a process of selecting a portion of population to represent entire population. Convenient sampling techniques is used for the present study.

## Sample

Sample is a subset of unit that composes the group. In the present study total 20 patients admitted with M I was selected as samples.

## Pilot Study

Before the original study, a pilot study was conducted in 5 patients admitted with M I. Necessary modifications in the observation data were made to conduct the actual study.

## Data Collection

The data were collected between September 2006 and October 2006 from 20 patients admitted with M I in CCU of SCTIMST. A record review was accomplished to determine patient related data. Demographic and medical history data collected included the patients age admitted with M I.

## Inclusion Criteria

- Patients belonging to 40 to 65 years of age admitted with M I.
- Both male and female patients

## Exclusion Criteria

- Patients who don't know Malayalam.
- Patients who are not willing to participate.

## Tools and Techniques

Tool was a selected structured observation schedule. There was no standard tool available to assess the knowledge of post discharge home care management after M I. So the investigator constructed a observation data for the study purpose contain 25

questions regarding disease process, diet, drug, exercise, follow-up.

Maximum score obtained was 20 and minimum score obtained is 11.

The research tool was devised on the basis of the following:

- Review of relevant literature.
- Information received from experts in the field of medicine and nursing.
- Discussion with friends.
- Investigators own experience and observation.

This observation schedule was prepared and submitted for validation of experts; corrections were made in the tool according to their recommendations.

The tool consists of two sections:

**Section A and Section B**

**Section A :** For obtaining demographic, medical history and hospitalization data.

**Section B:** For obtaining the data on disease condition, risk factors, diet, medication, exercise and follow-up care of patients admitted with

**MI**

The investigator obtained prior permission for the conduction of the study from the respective authorities of Cardiac Medical Department of SCTIMST, TVM.

## Plan of Analysis

The data collected from 20 samples would be analysed by the investigator after preparing a master data sheet. Items are scored the number of times of their occurrences counted and percentage calculated.

## Summary

This chapter covers the research approach, research design, setting of the study, population, selection of samples, criteria for sample selection, tool and technique, data collection process and analysis of data.

## References

- Denise F Polit, "Essentials of Nursing Research, methods appraisal and utilization. 5<sup>th</sup> edition 2001, Page No: 238-242.
- Kothari C R " Research Methodology " methods and technology, 2<sup>nd</sup> edition, Page no: 120-146.

## CHAPTER 4

### Analysis and interpretation of data

#### Introduction

This chapter presents the analysis and interpretation of data collected from 20 patients belongs to the age group of 40-65 years admitted with MI in the CCU of SCTIMST.

Analysis is a process of organizing and synthesizing data in such a way that research questions can be answered and hypothesis tested. The overall aim of analysis is to organize , provide structure and to elicit meaning from research data.

The interpretation refers to the process of making sense of the result and of examining the implications of the findings with in a broader content.

The findings of the present study are presented under the following headings:

Section A : Distribution of samples according to demographic data.

Section B: Distribution of sample according to risk factors.

Section C: Distribution of sample according to knowledge level of patients in post discharge home care management after myocardial infarction.

**Section A**  
**Distribution of samples according to demographic variables**

**Table – 1**  
**Distribution of sample according to age group**

Age group	No. of patients n= 20	Sex male – M Female – F	Percentage
40-45yrs	1	M	5%
46-50yrs	3	M	15%
51-55yrs	5	M	25%
56-60yrs	6	M	30%
61-65 yrs	5	2 =M	25%

Data in table 1 shows 30% of samples belongs to the age group of 56-60yrs.

Males are commonly affect with MI. patients with < 45yrs are only 5%.

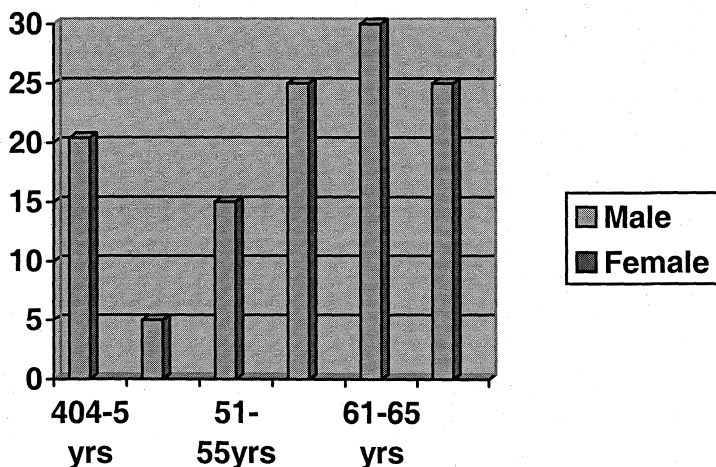


Table 2

## Distribution of sample according to location and type of MI

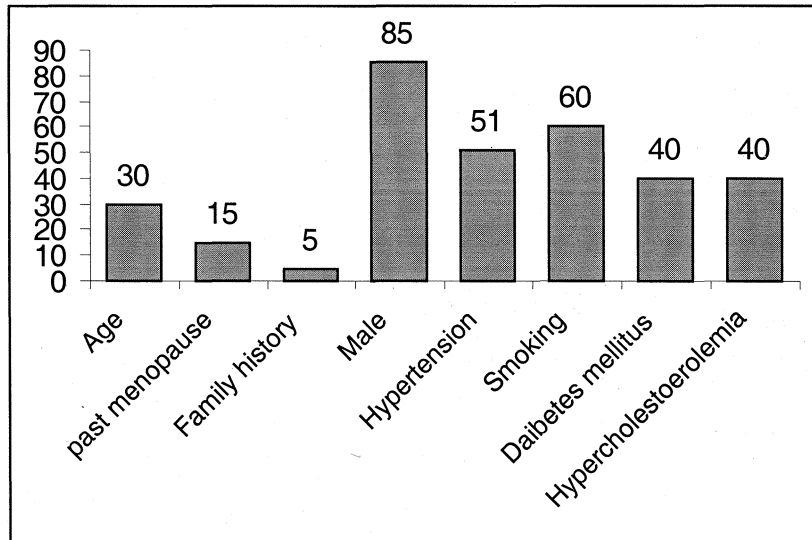
Types and location of MI	Frequency	Percentage
ST elevation MI		
a) Inferior wall MI	6	30%
b) Anterior wall MI	8	40%
c) lateral wall MI	2	10%
d) Posterior wall MI	2	10%
Non ST elevation MI	2	10%

Data in table 2 shows the samples are commonly affected with anterior wall MI 40%, Non ST elevation MI are only 10%.

**Section B**  
**Distribution of sample according to Risk factors**

<b>Risk factors</b>	<b>Frequency</b>	<b>Percentage</b>
1) Non modifiable risk factors		
a) Age (56-60yrs)	6	30%
b) post menopause	3	15%
c) Family history	1	5%
d) Male sex	17	85%
2) Non modifiable risk factors		
a) Hypertension	11	55%
b) Smoking	12	60%
c) Diabetes mellitus	8	40%
d)	8	40%
Hypercholesterolemia.....		

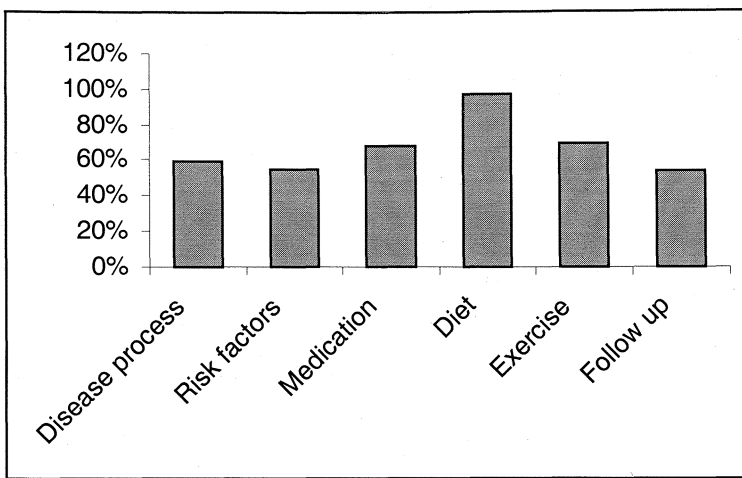
Data in table 3 shows non modifiable risk factors like smoking 60%, hypertension 55%, diabetes mellitus, hypercholesterolemia, 40%, 40% respectively. Non modifiable risk factors include age (56-60yrs), family history, post menopause and male sex.



**Table – 4****Distribution of sample according to knowledge level of patients in each sector**

<b>Knowledge factors</b>	<b>Obtained score</b>	<b>Maximum score</b>	<b>Percentage</b>
Disease process	48	80	60%
Risk factors	110	200	55%
Medication	41	60	68.3%
Diet	39	40	97.5%
Exercise	42	60	70%
Follow up	32	60	53.3%

Data in table 4 shows samples scored maximum score in knowledge regarding diet 97.5%.



**Table – 5**

**Distribution of sample according to knowledge level of patients (Total score obtained)**

<b>Total score obtained</b>	<b>Percentage</b>	<b>No. of patients</b>
0-10	0-40%	0
10-12	40-48%	2
13-14	52-56%	6
15-16	60-64%	4
17-18	88-72%	7
19-20	76-80%	1

Disease process

Risk factors

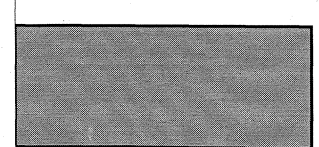
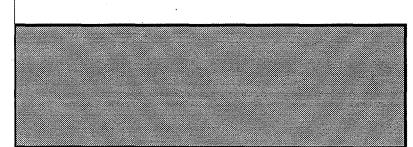
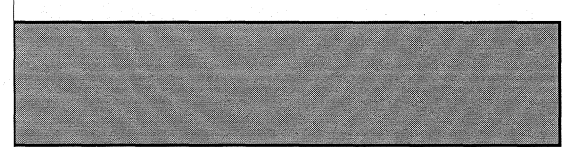
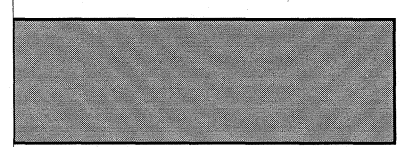
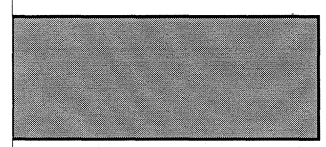
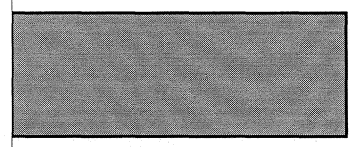
Medication

Diet

Exercise

Follow up

120%  
100%  
80%  
60%  
40%  
20%  
0%



# **CHAPTER-5**

## **SUMMARY AND RECOMMENDATIONS**

### **Introduction**

A brief account of the study is given in this chapter, which covers the objectives, finding of the study, implications and suggestion for future research.

### **Summary**

The study was designed to assess the knowledge of post discharge home care management among patient with MI. The investigator conducts this study at CCU of SCTIMST, TVM. Purposive sampling technique was used to obtained samples.

Tools used for data collection was structured observational scheduled consisting of demographic data, risk factors, knowledge regarding disease process, diet, medication, exercises, follow up. Questionnaire consists of 25 questions.

The pilot study was conducted among five samples. The data collection was done it was analyzed and interpret.

## **Objectives of the study**

1. To assess the knowledge level of patient regarding home care management after MI
2. To prepare a pamphlet regarding homecare management after MI.

## **Analysis of the study reveals that,**

- MI commonly seen in male about 85%
- The age group of patient commonly affect with MI are 56-60yrs.(30%)
- The incidence of type and location of MI comprise 40% anterior wall MI
- The known modifiable risk factors of Mi are age30%, male sex 85%, and post menopause 15%, family history 5%.
- The modifiable risk factors of MI are hyper tension,(55%)  
Smoking 60%, diabetes mellitus and hyper cholestorolemia are 40%
- Knowledge assessed about post discharge home care management after Mi include disease process 60%, risk factors 55%, medication 68.3%, diet 97.5%, exercise 70% and follow up 53.3%.

## **IMPLICATIONS**

- Findings of the study may be utilized when planning discharge for myocardial infarction patients.
- Awareness regarding the knowledge of risk factors , drugs, exercise, diet, follow-up care will help to live them successfully.

## **RECOMMENDATIONS FOR FUTURE STUDIES**

- Comparative study may be conducted in other institutions.
- Similar study involving a large sample with more time can be conducted to correlate the findings.

## BIBLIOGRAPHY

- 1.) Ignatavicius et al , “medical surgical nursing – critical thinking for collaborative care”,Fourth edition , W.B. Saunders company , Philadelphia, 2001, page no:801-811.
- 2.) Patricia Gonce Morton et all ,”critical care nursing- a holistic approach “, 8<sup>th</sup> edition, page no: 428 –446.
- 3.) Denise .F.POLIT, “Essentials of nursing research , methods, appraisal, and utilization,5<sup>th</sup> edition,2001, page no:238-242.
- 4.) Manfred stommal et al ,”Clinical research, concepts and principles for advanced practice nurses, 2004,page no:112-115.
- 5.) Susan .L.Woods, et al ,”cardiac nursing “5<sup>th</sup> edition, 2005,page no:556-558.
- 6.) Commos et al,”cardiac rehabilitation: comprehensive nursing research “1978,page no:16-46,160-178.
- 7.) Sole et al ,”Introduction to critical care nursing “4<sup>th</sup> edition, 2005, page no: 13, 42-45.

## **APPENDICES**

## 1.)Structured observation schedule

### Demographic data

No: of sample :

Name:

Age :

Sex:

Date of admission:

Marital status :

Educational Qualification:

Job:

Dietary pattern :

Do you smoke?

Do you drink?

### Clinical data and disease process.

1.)Do you have a history of myocardial infarction?

a.) Yes b.)No.

2.) Are you taking any drugs ?

a.) Yes b.) No.

3.) Are you exercising regularly ?

a.) Yes b.) No.

4.) Are you controlling diet?

a.) Yes b.) No.

## Heart attack – basic factors and risk factors

1.) Which is the important symptom of heart attack?

a.) Vomiting . b.) Chest pain c.) Dyspnoea.

2.)What are the risk factors of heart attack?(tick the correct answer).

Risk factors                      related    unrelated    don't know

-Hypercholesterolemia.

-Smoking

-Hypertension

-D M

-Physical activity

-Stress

-Type A personality

-Heredity

-Sex

-Age

## Medication in post –MI period

1 .Which is the common drug used for relieve chest pain ?

a) paracetamol    b) sorbitrate    c) don't know

2.    What is the common side effects of nitrate tablets ?

a) head ache    b) vomiting    c) diarrhoea    d) don't know

3.How long should you continued medications after a heart attack?

a) one month    b) as per doctors order    c) through out life

## Diet for post –MI period

1. How can a person reduce overweight ?
  - a) fasting b) diet control c) drugs d) diet control & exercise.
2. Which method for cooking is preferred ?
  - a) fried b) steamed c) don't know

## **Physical activity in post MI period**

1. The ideal time for post MI patient to do exercise is –
  - a) morning after breakfast
  - b) evening after break fast
  - c) morning & evening after meals.
2. What will you do if you feel chest pain during activity ?
  - a) stop the activity ,take rest for sometimes then continue the activity
  - b) stop the activity and keep a nitrate tablet under the tongue , if not relieved ,consult doctor.
  - c) Complete the activity slowly.
  - d) Don't know.
3. How many nitrate tablets can used ?
  - a) 3 b) 6 c) 1

**Marital life & follow- up after MI.**

1. A post MI patient can have sexual activity at ---- weeks  
after MI ?

A) 6 weeks

B) after discharge from the hospital

C) 2 weeks

2. When one can return to job after MI ?

a) 8<sup>th</sup> week b) 1<sup>st</sup> week c) don't know

3. Which week you consult the doctor?

A) after 3 weeks b) don't know c) 1 week

## CONSENT

I am conducting a study to determine the knowledge of post discharge home care management after myocardial infarction . I request you to co-operate with me in this study by filling the questionnaire . I assure you that the information given by you will be kept confidential and will be used only for the purpose of research

**Date :**

**Time:**

**Signature**

## **Pamphlet regarding “Home care management after MI**

Cardiac rehabilitation is the process of assisting the client with cardiac disease in achieving and maintaining a vital and productive life while remaining within the limits of the heart's ability to respond to increase in activity and process. Clients who are experienced an MI , usually discharged to home with pharmacological therapy and specific activity prescription .Modification of risk factors is the necessary part of a clients management and involves changing their health maintenance patterns. Such modifications may include:

- Stops smoking completely.
- Maintain optimum weight.
- Advice low cholesterol diet. Restrict the intake of saturated fat ,cholesterol. Avoid egg yolk ,beef, pork etc. Use fish and chicken without skin and visible fat .
- Regular exercise is necessary to prevent recurrent MI. It includes walking, jogging, swimming, bicycling.
- Clients with diabetes mellitus are assessed for their participation in efforts to control hyperglycemia.
- Clients with hypertension should monitor blood pressure periodically .
- Instruct the client to carry nitroglycerine tablets in light resistant containers.

- Medication regimens considerably varying among clients .so don't prescribe the drugs self.
- Avoid straining like lifting , push ups and pull ups ,and at bowel movements.
- Exercise should be done before meals. If chest pain occurs while doing any activity ,stop the activity and put a sorbitrate tablet under the tongue. If pain persisting consult the physician immediately .
- Attention to the development of risk in persons with a family history of coronary artery disease.
- Some people may be able to return to work at the end of 8<sup>th</sup> or 9<sup>th</sup> weeks if they are a symptomatic. People with less strenuous jobs can sometimes work full time, but manual laborers may have to work part time or find more sedentary work .
- The physician may allow sexual intercourse 4-8 weeks after an MI.
- Caution to people , not to eat or drink alcoholic beverages immediately before intercourse.