

Statement of Permission to Copy

In presenting this professional paper in partial fulfillment of the requirements for an advanced degree at Montana State University, I agree that the Library shall make it freely available for inspection. I further agree that permission for extensive copying of this professional paper for scholarly purposes may be granted by my major professor, or, in his absence, by the Director of Libraries. It is understood that any copying or publication of this professional paper for financial gain shall not be allowed without my written permission.

Signature Mary Kaye Parker Foley
Date March 8, 1972

A SURVEY OF A SELECTED NUMBER OF MYOCARDIAL INFARCTION PATIENTS
TO DETERMINE THEIR NEEDS UPON LEAVING
THE CORONARY CARE UNIT

by

MARY KAYE PARKER FOLEY

A professional paper submitted to the faculty of the
School of Nursing in partial fulfillment of the
requirements for the degree

of

MASTER OF NURSING

Approved:

Mrs Laura Walker RN PhD
Head, Major Department

Virginia E. Felton
Chairman, Examining Committee

Henry L Parsons
Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

March, 1972

ACKNOWLEDGEMENTS

I wish to express my sincere thank-you's to the following people:

Miss Virginia Felton, my committee chairman, for her invaluable assistance and encouragement.

Mrs. Patricia Larson, my hospital committee member, for the help she gave me in selecting the patients used in this study.

My other committee members, Dr. Laura Walker and Dr. Del Samson, for all their help.

My parents, George and Florence Parker, for their everlasting encouragement and guidance throughout all my educational endeavors.

My husband, Steve, for his continual patience, support, and understanding throughout this project.

TABLE OF CONTENTS

	<u>Page</u>
VITA	ii
ACKNOWLEDGEMENTS	iii
ABSTRACT	vi
 <u>CHAPTER</u>	
I. INTRODUCTION	1
Statement of the Problem	4
Purposes of the Study	5
Assumption	5
Scope and Limitations of the Study	5
Definition of Terms	6
Method of Research	7
II. REVIEW OF LITERATURE	8
Entering the Coronary Care Unit	14
Leaving the Coronary Care Unit	17
Summary	25
III. METHODOLOGY	26
The Problem	26
The Sample	26
The Questionnaire	28
IV. PRESENTATION AND ANALYSIS OF DATA	30
Description of the Sample	30
Responses to the Questions	31
V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	42
Summary	42
Conclusions	43
Recommendations	45

TABLE OF CONTENTS (Continued)

<u>APPENDICES</u>	<u>Page</u>
A. QUESTIONNAIRE	48
B. RESULTS OF QUESTIONNAIRES	52
C. GUIDELINES FOR NURSES	82
LITERATURE CITED	87

ABSTRACT

The purposes of this study were 1) to identify some areas in which patients express needs upon leaving the coronary care unit and being placed on the general medical floor; 2) to help nurses become aware of whether or not they are meeting the needs of the coronary patient upon his transfer to the general medical floor; and 3) to develop guidelines that can be used by professional nurses to meet the needs of patients as they are transferred from the coronary care unit.

The investigator interviewed twelve myocardial infarction patients in one Montana hospital between one and seven days after they were transferred from the coronary care unit to the general medical floor. A self-constructed questionnaire was used as an interview guide in order to fulfill the purposes of the study.

The results of the study indicate that myocardial infarction patients do have many needs when they are transferred from the coronary care unit to the general medical floor. These patients stated that they were not given enough information about their transfer and many of them were fearful of leaving their constant care and going to the routine care received on the medical floor. These results also indicate that the nurses in the coronary care unit and on the general medical floor are not meeting the needs of the coronary patient during the transferring stage of his illness.

CHAPTER I

INTRODUCTION

Disease of the coronary arteries has become one of the greatest threats to life and is responsible for approximately one-third of all deaths in the United States each year. This figure mounted to 600,000 deaths last year.¹ Coronary care units are growing rapidly in this country and the idea of specialized intensive coronary care nursing is spreading at an astonishing rate. Specially trained nurses, along with the equipment they have been taught to use, are reported to save between 80,000 and 100,000 lives each year, and this number is constantly on the increase.²

Most patients are apprehensive about entering a hospital, but this apprehension is likely to be greatly increased upon entering a coronary care unit. These patients are not only placed in a new and strange environment, but they must also face a life threatening disease which is extremely frightening. They must also cope with strange nurses and equipment on which they are likely to be dependent for life. The coronary care unit nurse must learn to evaluate her patient and give them the reassurance and the explanations they need.³

¹Harold A. Braum, Gerald A. Diettert, and Vera E. Wills, Coronary Care Unit Nursing (Missoula: The Mountain Press, 1969), p. 2.

²Anne Hahn and Nancy Dolan, "After Coronary Care—Then What?" American Journal of Nursing, November, 1970, p. 2350.

³Barbara Jones, "Inside the Coronary Care Unit, The Patient and His Responses," American Journal of Nursing, November, 1967, pp. 2314-15.

The coronary patient is faced with many factors which can cause him a great deal of apprehension. These factors include his new and frightening environment, unfamiliar sounds and language, absence of his family, distance from his home, and a nearness of death. A calm and efficient performance of nursing care can relieve the patient's apprehension and help him to develop a trust in her which adds to his comfort.⁴

Treatment in coronary care units has been able to reduce mortality from myocardial infarctions within the first twenty-four hours from 35% to only 20%. These patients are maintained in a controlled environment from three to seven days. During this time, the patients are maintained on strict bedrest. They are also treated with oxygen therapy as needed. They are usually advanced from a liquid diet until they can be maintained on a low calorie, soft, salt restricted diet. In addition, bowel and bladder problems which are always common with bed patients must also be avoided.⁵

Many hours of training and much money is spent in building coronary care units and specialized equipment, so the nurses can adequately meet the needs of the myocardial infarction patient during his stay in the

⁴Maryann E. Powers and Frances Storlie, "The Apprehensive Patient," American Journal of Nursing, January, 1967, pp. 58-62.

⁵Thomas Killip, "Management of the Patient with Acute Myocardial Infarction," The Medical Clinics of North America, eds. Lewis E. January and David C. Funk (W. B. Saunders Co., 1968), pp. 1061-1067.

unit. Morbidity and mortality statistics indicate the efforts of doctors and nurses have been beneficial in saving thousands of lives each year. Many studies have been done on the coronary patient and his stay in the coronary care unit. Nurses and doctors have studied what can be done to ease his fears and apprehensions while he is in the unit. But, there have been fewer studies about the patient and his reactions to being transferred out of the coronary care unit to the general medical floor. What are the needs of these patients at this time and are these needs being met?

Current studies show that many different reactions are being expressed by patients as they leave the coronary care unit. To some, this means that they are getting better, that they are going to live. They are relieved because they no longer need such specialized care. This is a positive reaction that nurses like to see, but this reaction can also be detrimental. They may try to hurry back to normal living, a process which must be slow and gradual. They must be warned that if they hurry, they may suffer a serious setback. Other patients may be filled with fear. They have now become accustomed to the constant attention and the equipment which they may have previously feared. In spite of much explaining and informing, many patients think that their monitors pace their heart. These patients should be told several days

in advance of their forthcoming transfer, that they will soon be leaving the coronary care unit.⁶

Some hospitals have step down units which help the patient graduate from constant nursing attention to routine nursing care. This is the stage that a more active period of rehabilitation should begin. Literature explaining his disease should be provided and the patient should be allowed to discuss his condition with both his doctors and the nurses involved in his care. Many times nurses from the transfer area can come to meet the patient and discuss his future care with him. After his transfer, the coronary care unit nurse may visit the patient on the medical floor. This provides for continuity of care and lets the patient know that his nurses really do care about him.⁷

Statement of the Problem

This study was an attempt to determine if patients who have recently had their first myocardial infarction have many needs when they leave the coronary care unit. This study also attempts to identify whether or not these needs are being met by the professional nurses involved in their care.

⁶Jones, op. cit., p. 2321.

⁷Ibid, p. 2322.

Purposes of the Study

1. To identify some areas in which patients express needs upon leaving the coronary care unit and being placed on the general medical floor.
2. To help nurses become aware of whether or not they are meeting the needs of the coronary patient upon his transfer to the general medical floor.
3. To develop guidelines that can be used by professional nurses to meet the needs of patients as they are transferred from the coronary care unit.

Assumption

That myocardial infarction patients will be able to communicate, by the use of a questionnaire, some of the needs they may have when transferred from a coronary care unit.

Scope and Limitations of the Study

1. Investigation by the researcher has shown that there will only be a small number of patients available from which to obtain data.
2. The information obtained may only be applicable to coronary patients cared for in the particular hospital in which they were interviewed since the staff and policies of each coronary care unit are different.

3. The study may be limited by the researcher's ability to interview coronary patients so the same meaning is obtained by both the investigator and the respondent from the questions asked.

4. The memory of the patients interviewed may interfere with the accuracy of the answers they give.

Definition of Terms

1. Coronary Care Unit. A specialized area of a hospital in which coronary patients are constantly attended to by highly trained personnel. This care involves a system for preventing deaths from complications of acute myocardial infarction primarily by means of specialized nursing and equipment.⁸

2. Myocardial Infarction. The medical term for what is commonly called a "heart attack" by the layman. An infarction results in damage to a portion of the heart muscle, usually the result of a coronary artery occlusion.⁹

3. Need. A lack of something that is useful or necessary. It may also be a problem which must be solved or worked out in some way.

⁸Lawrence E. Meltzer, Rose Pinneo, and J. Roderick Kitchell, Intensive Coronary Care—A Manual for Nurses (Philadelphia: The Charles Press, 1965), p. 25.

⁹Charles E. Lyght (ed.), "Myocardial Infarction," The Merck Manual (Merck Sharp and Dohme Research Laboratories, 1966), p. 126.

Method of Research

In order to pursue the purposes of this study, the descriptive survey method of research was used. A questionnaire was constructed which the investigator felt would identify some of the needs that the newly transferred coronary patient may have. The investigator collected her data using a combination of the interview and the questionnaire techniques. First-time coronary care unit patients were interviewed between one and seven days after being transferred out of the coronary care unit to a general medical floor. After obtaining the permission of the patient's physician to use the patient in the study, the investigator then explained to the patient that she was doing a study to try to determine how patients feel about being transferred out of the coronary care unit to a general medical floor. All of the patients used in this study were willing to cooperate, as were their physicians. After an explanation of the study was given to the patient, the researcher then interviewed them using the questionnaire as a guideline by which to structure the interview. As the patient answered each question, the answer was written on the questionnaire so that the information would be as accurate as possible. The identifying information of each patient was taken from the patient's chart. Each interview took between 20 and 30 minutes. In each instance, the interviewer was dressed in a white uniform to make the situations as consistent as possible.

CHAPTER II

REVIEW OF LITERATURE

Disease of the coronary arteries has become one of the greatest threats to life for people in the United States. In 1970, it was responsible for over 600,000 deaths in our country alone, and this death rate appears to be increasing every year. A high percentage of the people stricken by this one disease were involved in the most productive years of their lives. This figure begins to look even more enormous when it is noted that only half as many deaths each year are caused by all forms of cancer.

It has become evident that a way to halt this rapidly mounting death rate is urgently needed. Until the last few years, the major attack against the disease has been research into the cause of atherosclerosis. But this problem has remained unsolved after decades of using this approach.¹⁰

It has been known that heart arrhythmias, secondary to myocardial infarctions, are responsible for 80% of deaths due to this disease. It has also been known that many lives could be saved if treatment is begun immediately at the onset of these arrhythmias. It was from this knowledge that the system of our present day coronary care units was begun. The purpose of a coronary care unit is to aid in halting the high death

¹⁰Lawrence E. Meltzer, Rose Pinneo, and J. Roderick Kitchell, Intensive Coronary Care—A Manual for Nurses (Philadelphia: The Charles Press, 1965), p. 20.

rate due to coronary diseases by the use of specialized nursing and equipment. Constant specialized nursing care is essential to the entire program of intensive coronary care. If possible, all patients with acute myocardial infarction should receive specialized intensive coronary care. Many patients who appear perfectly stable upon admission to the hospital are unknown candidates for sudden death. Although no conclusive evidence is yet available, there is every reason to believe that the system of intensive coronary care will be and has been beneficial in lowering the enormous death rate due to coronary heart disease.¹¹

Previous studies have shown the average person is very fearful of entering a hospital as a patient. He is entering a new and strange world, one that is frightening. People have shown that they are afraid of the unknown, and this holds true when entering a hospital. However, this known apprehension is likely to be greatly increased upon being admitted to a coronary care unit.¹²

The diagnosis of a myocardial infarction has a great emotional impact on a patient. He is likely to encounter two sources of distress—physiological and psychological. The psychological distresses

¹¹Ibid., pp. 23-30.

¹²Barbara Jones, "Inside the Coronary Care Unit, The Patient and His Responses," American Journal of Nursing, November, 1967, p. 2313.

encountered will arise from two sources; first, the distress caused by the illness itself and second, the distress arising from the hospital setting. The necessary limitations placed on the patient physiologically can lead to impairing his psychological adaptation to his disease.¹³

The coronary care unit nurse is the most important person in evaluating coronary patients and giving them the proper reassurance and explanations they need. She must begin from the time the patient is admitted to the unit to plan his entire program of care from that day to the day he will be discharged from the hospital.¹⁴

The impact of his disease on the coronary patient is likely to be very overwhelming. Suddenly he is faced with a life threatening disease with which he must somehow learn to cope. Reactions of each patient will be different. Some of the factors which are likely to influence the reactions of the patient are:

1. Age—older people are most resistant to change.
2. Socioeconomic Status—lower economic level patients tend to be more anxious and hostile than those from higher levels.
3. Educational Background—any misinterpretation of medical terminology may affect the patient's response to his illness.

¹³Sharon L. Roberts, "The Patient's Adaptation to the Coronary Care Unit," Nursing Forum, Volume IX, November 1, 1970, pp. 56-57.

¹⁴Jones, op. cit., p. 2314.

4. Patient-Doctor Relationship—the physician may reassure the patient and develop a trusting relationship. However, a doctor who does not develop rapport may cause distrust and anxiety in the patient.

5. Patient-Family Relationship—a close-knit family may love, encourage, and support while an unstable family may provide frustration.

6. Severity of Illness—complications which lead to serious set-backs may cause a great deal of anxiety.

7. Persistency of Symptoms—incapacitating symptoms may foster invalidism.

8. Myocardial Infarction History—a patient is likely to know that the more myocardial infarctions he has, the poorer his prognosis.¹⁵

Various other factors which may influence and cause apprehension in the coronary patient are:

1. Distance from Home—many people suffer myocardial infarctions away from home. This is likely to increase the amount of apprehension that the patient feels.

2. Unfamiliar Sounds and Peculiar Language—the peculiar sounds made by the strange equipment in addition to the new language he hears, which is meaningless for him, can only be frightening to the coronary patient.

¹⁵Sue Foster and Kathleen G. Andrioli, "Behavior Following Acute Myocardial Infarction," American Journal of Nursing, November, 1970, pp. 2345-2346.

3. Absence of his Family—because families are only allowed to visit him briefly at long intervals, the patient feels separated from them and alone.

4. Nearness of Death—this is the greatest single cause of apprehension to the coronary patient.¹⁶

The coronary care unit nurse must be skilled in working with the critically ill, apprehensive patient. She must be adept in alleviating anxiety and planning for the care of this type of patient. Some of the steps she must use in the care of these patients are:

1. Gentleness—these patients need someone who is warm and understanding of their problems.

2. Expert Nursing Care—the coronary patient has a right to expect this type of care in a coronary care unit.

3. Dignity—treatment of these patients as mature adults will not allow them to develop a dependency on the nurses.

4. Privacy—this is a right of all patients which must be respected.

5. Clear Explanations of Procedures—relieves the fear of having the nursing staff "harm him".

¹⁶Mary Ann Powers and Frances Storlie, "The Apprehensive Patient," American Journal of Nursing, January, 1967, p. 59.

6. Personalized Care Suited to His Needs—lets the patient know that his needs are being met and that the nurses really do care about him as a person.

7. Presence of a Nurse When He Wants One—this is the right of all coronary patients and is something he must be able to expect.

8. Honest Answers to His Questions—this allows him to develop trust in the nurses who care for him. Calm efficient performance of nursing care which adds to the patient's comfort will reinforce his trust in her.¹⁷

It is important that the coronary care unit nurse be aware of the anxiety level of each of her patients. The patient's physical symptoms can be observed to determine the level of physiological adaptation to his disease. But it is much more difficult to determine the psychological adaptation that a patient has accomplished. The presence of so much strange equipment in his room, his new and unfamiliar environment, the strange personnel with whom he depends on for his life, and the awareness of the danger of his disease are all very anxiety provoking.¹⁸

Common reactions of the myocardial infarction patient are denial, anxiety, regression, fear of dying, invalidism, and depression. These reactions begin immediately upon admission to the coronary care unit.

¹⁷Ibid., pp. 60-63.

¹⁸Roberts, op cit., p. 59.

The denial may operate by not talking about their myocardial infarction and by refusal to restrict their activity. Anxiety may be demonstrated by overtalking, hyperactivity, bad dreams, and demandingness. A dependency state has been forced upon these people by putting them on bedrest, liquid diets, by spoon feeding them, and by constantly watching over them and setting strict guidelines to all their activity. We have almost forced the patient to regress to infancy and a dependent state, yet we expect him to cope with his new environment in an adult manner.¹⁹

Entering the Coronary Care Unit

The myocardial infarction patient needs a great deal of information upon admission to the coronary care unit. He needs accurate, yet simple explanations about the equipment that is used. Because of the anxiety level of the newly admitted coronary patient, these explanations may have to be repeated several times before the patient is able to grasp what is being said. It is often helpful to demonstrate the monitor before actually using it on the patient. A careful detailed explanation of his care in the unit is also essential to patient security. A simple reason for all the physical restrictions that are placed upon him will lead to an easier acceptance and aid him in his emotional security. The patient will also need an explanation of unit policies. Explain

¹⁹Foster, op. cit., p. 2344.

the physical design and location of the unit, as this will affect how he reacts to his admission. The single room design is now the most popular although roommates do allow for companionship and may aid in tolerating treatments.²⁰

Although the coronary care unit nurse may only take care of the patient during the first three to seven days of his illness, she needs to be aware of the kinds of problems and types of adjustments that a patient may have to go through during the entire course of his illness. Preparation should begin on the day of admission to the coronary care unit for being transferred out of the unit and then for discharge from the hospital. Many of the patient's fears can be alleviated by an adequate explanation of his situation to him and to his family. He needs frequent reassurance, support and discussion of all his concerns. Because of this fact, the patient and his family should be included in the planning of his hospital stay as much as possible.²¹

How the patient perceives his illness in terms of altering his way of life will affect how he acts. His care must be planned around what he is capable of doing. Psychological rehabilitation must be early and will greatly influence what a patient feels he can do. As the

²⁰Barbara Jones, "Inside the Coronary Care Unit, The Patient and His Responses", American Journal of Nursing, November, 1967, pp. 2315-2320.

²¹Clarence A. Imboden and Jane E. Wynn, "The Coronary Care Area", American Journal of Nursing, February, 1965, p. 76.

critical hours for the coronary patient begin to pass and as complications, if any, are alleviated, rehabilitation towards a normal productive life must begin. The patient must begin to make plans for his future. As was stated earlier, psychological preparation for leaving the coronary care unit must begin on the day of admission. He should be told that he will probably stay in the unit three to seven days. Nurses should try to specify the date of transfer as close as possible as far in advance as possible.²²

As the patient moves into the post-acute stage his care must be replanned to include the gradual increase in activity, the change of diet and medication, and all other aspects included in the rehabilitation of the coronary patient. These must progress at the speed that his physiological and psychological recuperation will allow. Activities must be increased slowly. "Spectator" types of activity such as radio and television will be first. Sedentary hobbies may be pursued. This will gradually increase until the patient is allowed up to the chair, to the bathroom and eventually walking. A gradual progression to the return of normal activities is done. During this time, the patient will need constant reassurance and instruction. Visitors may be allowed

²²N. H. Cassem, Thomas P. Hackett, Carolyn Bascom, and Howard A. Wishne, "Reactions of Coronary Patients to the C. C. U. Nurse", American Journal of Nursing, February, 1970, p. 323.

according to the needs of the patient, although many coronary care units have very strict regulations as to visitors. The family has a need to be included in this rehabilitation period. The nurse must talk with the family and explain the illness and its limitations. The family may be able to provide cues in anticipating the patient's future behavior. Throughout all of this rehabilitation period, the patient must have an active role in planning his care.²³

Leaving the Coronary Care Unit

The coronary patient needs to expect to be hospitalized from three to four weeks. This is the average length of stay for this type of illness. The first three to seven days of this hospitalization is spent in the coronary care unit. This time length is usually dependent on hospital policy and facilities, and events or complications occurring during the first few hours of illness.²⁴

Nurses both in the coronary care unit and in other areas of the hospital need to be aware of the adjustments patients must make when they are transferred from the coronary care unit to the general medical floor. Preparation for this transfer should begin when the purpose of the unit is being explained and should be continued as part of his

²³Louise S. Hazeltine, "The Patient with Myocardial Infarction—The Weeks of Healing", American Journal of Nursing, November, 1964, pp. C-14 - C-20.

²⁴Jones, op. cit., p. 2321.

education about his illness and his care. Transfer may then be accepted as a normal part of his hospital experience.²⁵

Many different reactions are expressed by patients as they are transferred out of the coronary care unit to the general medical floor. To some patients it means that they are getting better, that they no longer need such close observation. They view this as a sign that they are going to live. Other patients are filled with fear when told that they will be leaving the coronary care unit. They have become accustomed to the constant attention and all the machines and equipment used. To many patients this transfer out of the coronary care unit is a potentially traumatic experience psychologically. The problem of "separation anxiety", which is familiar to nurses, may be experienced. Most patients will experience a sense of loss. They miss their constant care.²⁶

Dr. Robert Klein and others have observed the consequences of transferring patients from a coronary care unit by measuring urinary catecholamine excretions before and after transfers. Catecholamines are sympathomimetic substances, such as adrenalin, which are elevated in anxiety states. This study showed that patients insufficiently prepared for transfer from the coronary care unit became upset in a new ward

²⁵ Imboden, op. cit., p. 75.

²⁶ Cassem, op. cit., p. 324.

situation and had a high incidence of complications. These emotional upsets were accompanied by increased urinary catecholamine excretions. This was not seen in patients with a close doctor-patient relationship with the nurse as a liaison person. This study indicates the need for an adequate preparation of the patient for his transfer out of the coronary care unit. It also emphasizes the important role the nurse plays in this situation.

In general, warning patients about events, before they happen, will reduce the amount of anxiety they will encounter. Therefore, adequate preparation for transfer will alleviate the amount of anxiety these patients will experience. The matter of discontinuing the cardiac monitor is a sign of increasing competence to some patients. However, some patients are extremely frightened by this experience. In some cases, improper instruction, or lack of any instruction at all, has led some patients to believe that the monitor paces their heart. Others fear that a life threatening heart arrhythmia will surely arise if the monitor is discontinued. These patients need to be gradually weaned from the monitor to provide the security they need at this time. The patient can also be graduated from constant nursing care by use of a step-down unit near the coronary care unit. In this atmosphere, he will receive

²⁷Sue Foster and Kathleen G. Andrioli, "Behavior Following Acute Myocardial Infarction," American Journal of Nursing, November, 1970, p. 2347.

the amount of care he needs according to his level of rehabilitation. He is gradually weaned from the constant nursing care he is so used to receiving but is not yet subjected to the routine nursing care he will receive on a general medical floor. This is also the time to provide the patient with informative literature about his illness and to begin the more active stage of rehabilitation.²⁸ Unfortunately, many hospitals have not yet acquired step-down units and all of the above processes must be incorporated in their coronary care unit and general medical floor care.

The patient must be adequately prepared that such intensive care is no longer necessary. Sufficient time must then be allowed for the patient to adjust to the idea that he will be leaving the coronary care unit. Will the patient feel that the general floor duty nurse can adequately care for him? The patient who has been surrounded by only registered nurses is likely to have his security shaken by the nurse aide or the orderly who cares for him. His idea of care may be different than the nurses' ideas of patient care. He may feel rejected and feel as though he has been relegated to the bottom of the ladder.

The floor nurse must take time to establish a trusting relationship with the patient.²⁹ Many times nurses from the transfer area meet with

²⁸Ibid., p. 2347-48.

²⁹Sister Mary George D. C., "The Transferring Phenomena Influences on Nurse and Patient", Hospital Management, October, 1967, pp. 94-96.

the patient before his transfer to discuss his care with him. This allows for some continuity of care and lets the patient know that the nurses do care about him. This continuity of care is further enhanced when the patient is visited by the coronary care nurse after he has been transferred to the general medical floor.³⁰

It has been generally discovered that although the physician usually writes the order for the patient to be transferred to the medical floor, the nurse is generally the one who informs both the patient and his family. It is hoped that by this time, the patient will be adequately prepared for this transfer. Studies have shown that some coronary nurses develop a feeling of having rescued their patients from many of the fates associated with their illness. This must be avoided in order for good preparation to take place. Many general duty nurses feel that coronary nurses do not think they can adequately care for their patients. How can all of these feelings be avoided? Perhaps from the adequate verbal and nonverbal communication by nursing staffs, the physicians, the patient, and his family.³¹

The entire success of the coronary care unit is dependent on the competence of the nurse. Problems do not cease with transfer from the

³⁰Barbara Jones, "Inside the Coronary Care Unit, The Patient and His Responses", American Journal of Nursing, November, 1967, p. 2321.

³¹George, op. cit., p. 92

coronary care unit or even discharge from the hospital. The patient must be prepared that intensive care is no longer necessary. Transfer may be referred to as a graduation, that he no longer needs this type of care and that the worst is over.

It has been speculated that any transfer out of the coronary care unit during the night is psychologically hazardous. This is attributed to the fact that the night transfers are usually done on short notice without proper preparation.³²

This researcher read about one particular hospital which established a rehabilitation program and teaching was done within one week after transfer from the coronary care unit. Teaching included information about the disease, medications, activity, and diet. Family participation is encouraged. The home situation and normal daily activities are evaluated. A few days before discharge the patient is given a quiz and misunderstandings are cleared up. Reactions to this program have been very favorable by the patients.

Conclusions that have resulted from this program in particular are:

- 1) that nurses provide most of the information that patients receive;
- 2) the inclusion of the family is very helpful; 3) the patient is not

³²N. H. Cassem, Thomas P. Hackett, Carolyn Bascom, and Howard A. Wishne, "Reactions of Coronary Patients to the C. C. U. Nurse", American Journal of Nursing, February, 1970, p. 324.

receptive to the teaching program while in the coronary unit; and
4) the program does help patients adjust to their illness.³³

Lois Graham, in the September 1969 issue of the American Journal of Nursing, writes about a study that the staff nurses in one coronary care unit did to find out how patients felt about their care and how much of their teaching they retained. They used a structured interview on the third morning after being transferred from the coronary care unit. About the care they were receiving on the general medical floor, six said it was excellent, six said the care was adequate but slow in meeting their needs, and three regarded the care as poor because of noise, delay in getting assistance and a "poorer quality of help".

When asked what preparation they received from their physician for their transfer, two said he gave them the feeling they had improved enough so they no longer needed such specialized care. Thirteen recalled he only said that it was all right to be moved.

When asked about their preparation from nurses, four felt well prepared because of pamphlets to increase their understanding of why they no longer needed such specialized care, six felt they received the impression they had stayed the average stay and others needed the specialized care more. Four believed they had received no specific information and one felt "almost pushed out" with no preparation.

³³ Anne Hahn and Nancy Dolan, "After Coronary Care—Then What?" American Journal of Nursing, November, 1970, pp. 2351-2352.

Seven of the fifteen patients said they felt inadequately prepared to transfer by both nurses and physicians but felt they would not be transferred unless they were ready. Fourteen of the patients felt the monitoring equipment added to their feeling of security.

Another result of this study showed that patients retain very little of what is taught them in the coronary care unit about changes in the heart, diet, medication, and activities. This study also showed that patients want and need more teaching about their illness and many of these patients wished there were a place on the medical floor just for coronary patients where it is quieter than the medical floor, where needs are met more promptly and where cardiac patients can talk to each other.³⁴

Another study done on patients transferred from an intensive care unit showed that many patients are not fearful of transferring to another floor prior to the event, but that many negative reactions occur after the transfer takes place. Many of these patients stated that their greatest fear occurred because of the reduction in the number of nurses they were used to.³⁵

³⁴Lois E. Graham, "Patients' Preceptions in the Coronary Care Unit", American Journal of Nursing, September, 1969, pp. 1921-1922.

³⁵Dorothy Jarvis, "Open Heart Surgery—Patients' Perception of Care", American Journal of Nursing, December, 1970, pp. 2591-2593.

Summary

After investigating some of the literature written about the coronary patient, the impact of his disease compounded first by his hospitalization and then by his admission to the coronary care unit, the researcher acquired a greater awareness of both the physical and the emotional aspects of the disease and the anxiety this provides for the patient. Much less has been written about the effect that transferring out of the coronary care unit has on the patient. Although a few studies have been done in this area, the researcher felt that much more investigating must be done to determine the needs of the coronary patient as he leaves the coronary care unit and how we, as nurses, can adequately meet these needs as they arise.

The researcher first became interested in the problem while working in a combined coronary care and intensive care unit in a large Metropolitan city. No preparation was given to any of these patients as they were transferred out of this unit to the general medical and surgical floors. Many of these patients progressed very well while others failed to progress at all. On occasion, many of these patients returned to the intensive care unit to continue specialized care for an additional length of time. What sort of needs did these patients experience when they were being transferred? How can the nurse help the patient meet these needs? It is these two questions which prompted the investigator to try to identify some of the needs that patients have when leaving the coronary care unit in a large hospital in Montana.

CHAPTER III

METHODOLOGY

A nonexperimental design was used to collect the data for this study. The descriptive survey method was selected because it seemed to most accurately fit the nature of the study. As Abdellah and Levine point out, the nonexperimental design is especially suited to studies about human beings, "since description implies natural observation of the characteristics of the research subjects without deliberate manipulation of the variables or control over the research setting".³⁶

The Problem

This study was an attempt to determine if patients who have recently had their first myocardial infarction have many needs when they leave the coronary care unit. This study also attempts to identify whether or not these needs are being met by the professional nurses involved in their care.

The Sample

Fifteen patients were identified as potential members of the sample. Three of these patients were omitted from the analysis due to a variety of reasons: the memory of one patient was interfered with by periods of confusion and senility due to old age, another patient had had his post coronary care unit period complicated by the recent diagnosis of cancer

³⁶Faye G. Abdellah and Eugene Levine, Better Patient Care Through Nursing Research, (New York: The MacMillan Company, 1965) p. 140.

of the prostate, a third patient had been on a general medical floor for three days before being admitted into the coronary care unit. Therefore, a total of twelve patients were interviewed and their questionnaires analyzed. Due to a shortage of time and the distance the researcher had to travel in order to interview these patients, it was impractical to obtain any additional patients.

Once a week the researcher would obtain a list of all the patients that had been transferred out of the coronary care unit during the past seven days. Permission to interview these patients was obtained from their physicians. All the physicians whose patients were involved in the study were very cooperative and willing to help.

The researcher then explained to each of these twelve patients that she was a graduate student in nursing and that she was doing a study of coronary patients and their feelings about the coronary care unit and being transferred out of the unit to the general medical floor. It was also explained to each patient that their name would not be used in the study and that the answers they gave could lead to better nursing care of the coronary patient when he is transferred. Each of the patients interviewed was very cooperative and willing to participate.

At a time that was convenient to both the patient and the nursing staff (usually mid-afternoon) the patient was interviewed in his room by the researcher. Arrangements were made so that the researcher and the patient were left alone until the interview was over. The researcher

always wore a white uniform to provide for as much consistency as possible. She then interviewed each patient using the questionnaire as a guideline. As each question was answered by the patient, it was recorded on the questionnaire to allow for retention of as much accurate information as possible. Each interview took approximately 20 to 30 minutes.

The Questionnaire

A questionnaire was constructed by the researcher with the intent of answering the problem and fulfilling the purposes of the study. A re-examination of the purposes of the study shows that they are:

1. To identify some areas in which patients express needs upon leaving the coronary care unit and being placed on the general medical floor.
2. To help nurses become aware of whether or not they are meeting the needs of the coronary patient upon his transfer to the general medical floor.
3. To develop guidelines that can be used by professional nurses to meet the needs of patients as they are transferred from the coronary care unit.

After reviewing the current literature on the effects of transferring from a coronary care unit to the general medical floor, the investigator then constructed a questionnaire that she felt would help identify the needs of the patient during this period. The questionnaire

consisted of twenty-three questions to be answered by the patient. Six additional questions were identifying information about the patient which was taken from the chart. A copy of this questionnaire is found in the appendix.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

Description of the Sample

The sample consisted of three females and nine males for a total of twelve patients. Their ages ranged from 36 to 87 years with a mean of 61.75 years. One male was in the 30-40 year age range, one male in the 40-50 year age range, two males in the 50-60 year age range, 5 males and 1 female in the 60-70 year age range, one female in the 70-80 year age range, and one female in the 80-90 year age range. The mean age for females was 78 years compared to a mean age for males of 56.6 years.

Five of the patients were retired at the time of their myocardial infarction—two males and all three females. Two of the males were contractors, one was a construction worker, one a salesman, another was a lineman, one was a janitor and the remaining male was a district manager of a utility company.

The number of days spent in the coronary care unit ranged from 3 to 7 days with a mean of 4.37 days.

The number of days since the patient was transferred out of the coronary care unit ranged from 1 to 7 days with a mean of 3.25 days.

All twelve of the transfers took place between 10:50 AM and 2:30 PM. No transfers took place during the night.

The questionnaires were arranged in order of patient chronological age for ease of analysis and noting any possible trends in age groups.

It must be pointed out that when the researcher writes about there being fewer nurses on the general medical floor, she is referring to the difference in nurse-patient ratios between the coronary care unit and the general medical floor. In actuality, there are more nurses on the general medical floor than in the coronary care unit.

Responses to the Questions

Question 1: Is this the first time you have had a heart attack?
Yes____ No____

Eleven of the twelve patients answered yes to this question. Only a 69 year old retired female answered no, stating that she had had a heart attack ten years earlier. She was included in the study because of the time span between the two heart attacks and the fact that she had not been in a coronary care unit at that time. It was felt by the researcher that the ten years since her previous heart attack would have depressed the patient's memory of that hospitalization.

Question 2: Was this the first time you have ever been a patient in a coronary care unit? Yes____ No____

All twelve patients answered yes to this question. In other words, none of the patients used in this study had any previous experience as a patient in a coronary care unit.

Question 3: Have you ever been a patient in a hospital before?
Yes____ No____

Ten of these patients had been a patient in a hospital before. Of the two respondents who had not been hospital patients before, one was a 36 year old male and the other a 51 year old male.

Question 4: What other illnesses have you had that have required your hospitalization?

The ten patients answering this question gave a great variety of answers and no specific trends were noted about the types of illnesses that had required previous hospitalization.

Question 5: How long before your transfer were you told you were leaving the coronary care unit?

The responses to this question varied from 2 hours to 2 days with seven of the twelve patients being told at least the night before. Five of the patients had only 2 to 6 hours to adjust to the thought of leaving the coronary care unit.

Question 6: Who told you? Doctor___ Nurse___ Aide ___ Other___
(Please specify)_____

Ten of the patients were told by their doctor that they would be leaving the coronary care unit. Two of the male respondents said that they were told by the nurse. It is generally known that most physicians would not have the time to sit down with the patient and explain why he is being transferred and what this will mean to him in terms of the remainder of his hospitalization. In only two instances was the nurse the person to inform the patient that he was going to be transferred to the general medical floor and to continue with the patient teaching that the literature indicated should be done at this time.

Question 7: Who told your family that you were being transferred?
 Doctor___ Nurse___ Aide___ You ___ Other ___
 (Please specify) _____

Six of the patients indicated that they were the ones to tell their family that they were being transferred from the coronary care unit to the general medical floor. Two of the patients had no family present in that city. In only four instances was the nurse the person informing the family about the transfer. This is the opportunity to include the family in the teaching about the forthcoming transfer and occurred in only one-third of the cases studied. It was not investigated further to determine if the nurse attempted to do any family teaching after the patient himself informed them about his transfer.

Question 8: What information were you given in regard to your transfer? Was this information adequate? Yes___ No___
 What other information do you feel it would have been helpful to have had?

Six of the patients stated that they received no information regarding their transfer, only that they would be leaving the unit. The six who did receive information gave only brief statements as to what they were told such as, "Only that I would be on the floor for two weeks or so", "Only that my I.V. and monitor would not be needed anymore", and "Only that the nurses on the floor would check on me often".

Nine of the twelve patients replied that this information was not adequate. Of the three patients who felt that they had received adequate information, one had previously been a patient on that floor,

and one said he found out what he needed to know when he got to the floor. Only one patient felt he received adequate information about his transfer in the coronary care unit itself.

When asked what other information would have been helpful, it was commonly stated that they wanted to know what it would be like on the floor in comparison to the unit, what activities they would be allowed to perform when they got to the floor, why they were leaving the unit, and who was going to take care of them on the floor.

Question 9: How did you feel about moving out of the coronary care unit and why?

Eleven patients stated they were glad to leave the coronary care unit. Seven said the reason they were glad to leave was because it meant they were getting better. Other reasons given were the cost would be less on the floor, one hated the equipment and the noise it made, and one said the restrictions were too great in the unit. Only one female patient stated she did not want to leave the unit because she felt more secure when someone was with her.

Question 10: What do you think it means to be transferred out of the coronary care unit?

All of the patients gave similar answers indicating that they thought being transferred out of the unit means that they were getting better and did not need such specialized care any more. Only two stated that they weren't sure of their answers.

Question 11: Did you feel frightened or reassured by all the equipment used in the coronary care unit? Frightened____
Reassured____ How did you feel about moving away from this equipment?

Six patients stated they were frightened by all the equipment and six said they were reassured by it. Two of those who said they were frightened stated they didn't know what all of it was for or what the nurses were going to do with it.

Seven patients said they were glad to move away from the equipment. Five of these seven patients had stated that they were frightened by the equipment used.

Four of the five patients who did not want to be moved away from this equipment had been reassured by it on admission. Two of them stated that they didn't think the nurses would take good care of them without the equipment.

This question indicated the need for good explanations about the equipment upon admission to alleviate the fears of the equipment and also continual patient teaching during the stay in the coronary unit to eliminate any fear of having the equipment removed.

Question 12: How would you rate the nursing care you received in the coronary care unit? Excellent____ Good____ Fair____
Poor____ Why?_____
Nursing care on this floor? Excellent____ Good____ Fair____
Poor____ Why?_____

All the patients rated the nursing care given in the coronary care unit as excellent. The reasons given were that the nurses knew so much

about taking care of them and that there was always someone there when they needed them.

Six patients rated the nursing care they received on the floor as good, five rated it as fair, and only one rated it as excellent. The reasons given for rating the care as fair were that there were not enough nurses on the floor and that the nurses did not seem to know enough. Those who rated the care as good or excellent seemed to be pleased with their care and to accept the fact that there were fewer nurses per patient on the floor and that these nurses were not specialized.

Question 13: How often would you say you saw a nurse in the coronary care unit? _____ How often on this floor? _____
 _____ How do you feel about this change? _____

All twelve patients stated that they saw a nurse in the coronary care unit all the time, constantly, or always.

In regard to how often they saw a nurse on the floor, they answered not too often, every half hour or so, lots during the day but seldom during the night, and not nearly as often as in the unit.

When asked how they felt about the change, six said they didn't like the change and wished there were more help on the floor. The other six said they didn't mind the change because they didn't need a nurse as often and they could usually get one when they did need one.

Question 14: Were you told before your transfer that there would be fewer nurses on this floor? Yes___ No___ If no, would this information have been helpful? Yes___ No___

Ten patients said they were not told that there would be fewer nurses on the floor before they were transferred. Only two patients were given this information before they were transferred.

Of the ten patients who were not told before their transfer that there would be fewer nurses on the floor, only four said it would have been helpful to have had this information. They indicated that it would have made it easier to adjust to the floor and they would have known what to expect. The other six patients said it would not have been helpful to have had this information.

Question 15: Did you meet any of the nurses from your present floor before your transfer? Yes___ No___ If no, would you have liked to meet them? Yes___ No___ If yes, has this been helpful to you? Yes___ No___

None of the twelve patients met any of the nurses from their floor before they were transferred. Eleven of them said they would have liked to have met a nurse from their floor before they were transferred. Only one female patient did not view this as a need or a desire.

Question 16: Have you been visited by any of the coronary care unit nurses since your transfer? Yes___ No___ If yes, have you enjoyed this? Yes___ No___ If no, would you like them to visit you? Yes___ No___

Four of the twelve patients interviewed had been visited by at least one of the coronary care unit nurses since their transfer. All of them said they did enjoy the visit.

Eight patients had not been visited by a coronary care unit nurse since their transfer to the floor. All eight of them indicated that they would like to be visited by these nurses.

Question 17: Have you had to do any activities by yourself since your transfer that you did not do in the coronary care unit? Yes___ No___ If so, what are these activities? _____ Did anyone show you how to do these activities? _____

Nine of the respondents had had to do activities by themselves that they did not do in the unit. These activities consisted of getting in the chair and walking to the bathroom and in the halls. All but one of these patients stated that someone showed them how to do these activities before they had to do them alone.

Question 18: Were you introduced to any new nurses upon your transfer? Yes___ No___ If not, do you think this would have been helpful in adjusting to your new surroundings? Yes___ No___

Ten of the twelve patients were introduced to at least one new nurse upon their transfer. Two said that this made it a lot easier to adjust and one patient stated that he wished all the nurses would introduce themselves.

Of the two patients who were not introduced to any new nurses when they were transferred, both commented that this would have been helpful in adjusting to their new surroundings.

Question 19: What do you miss most about being in the coronary care unit?

Only three patients stated that they missed nothing about being in the coronary care unit. The other nine patients gave answers as the great care received, the constant attention, the feeling of security, and the monitor. The constant attention and the type of care were mentioned most often in the answers given.

Question 20: What do you like most about being on this floor?

Six patients stated that they enjoyed being able to have visitors and more people to talk to. Four mentioned that they could do more normal activities there and this made them feel as though they were not as sick. Two people mentioned that they knew they could go home soon now that they were on the floor. Only one female patient stated, "I really don't like it here at all."

Question 21: Did you receive most of your present information about your illness here or in the coronary care unit? Here ☐ Coronary care unit ☐ Who gave you this information? ☐ Doctor ☐ Nurse ☐ Other ☐ Would you like to have further information? Yes ☐ No ☐

Seven patients said they received most of their information in the coronary care unit. Four said they received their information on their present floor. Only one patient stated she received information at both places.

Ten of the twelve respondents said that their doctor had given them their information about their illness. In only two cases was the nurse cited as the person teaching the patient about his illness.

All twelve participants in the study stated that they would like further information about their illness.

Question 22: What are your plans for the future?

Two of the twelve patients stated they had no plans for the future. The rest stated they either planned to go back to work or travel, but many qualified the statement by saying they would do whatever the doctor said they could do.

Question 23: Do you have any comments to make about your transfer from the coronary care unit to this floor that we have not already discussed?

This question received some very interesting comments and should be read in the appendix for actual statements. There were several items mentioned here that should be viewed as implications for nursing care of this type of patient during the transferring stage of his illness.

Only one patient had no comment to make at all. Two spoke of their general fear of leaving the coronary care unit. Two stated that they felt the doctors and nurses should take more time to explain things as why they are being transferred, who will be taking care of them, and more general information about their illness. Three mentioned how hard it was to adjust to having nurses aides take care of them and to being released from the constant attention they had received in the unit. Two patients made comments that they would rather stay in the coronary care unit until released from the hospital. One patient stated that nobody bothered to explain things to his wife. Many commented on the good care they received in both places.

The results of these questionnaires has demonstrated to the researcher that we, as nurses, are not meeting many of the needs of the coronary patient as he is transferred from the coronary care unit to the general medical floor. Using the information received from these questionnaires, the researcher developed guidelines to be used by professional nurses to meet the needs of patients as they are transferred from the coronary care unit. These guidelines can be found in Appendix C.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purposes of this study were threefold: 1) to identify some areas in which patients express needs upon leaving the coronary care unit and being placed on the general medical floor; 2) to help nurses become aware of whether or not they are meeting the needs of the coronary patient upon his transfer to the general medical floor; and 3) to develop guidelines that can be used by professional nurses to meet the needs of patients as they are transferred from the coronary care unit.

The sample used in this study consisted of twelve coronary patients who had been patients in the coronary care unit for the first time. These patients ranged in age from 36 years to 87 years. Nine of the patients were males and three were females. The number of days spent in the coronary care unit ranged from 3 to 7 days.

Patients were interviewed between 1 and 7 days after being transferred from the coronary care unit. A questionnaire constructed by the researcher was used to structure the interview, in order to fulfill the purposes of the study.

Guidelines that can be used by professional nurses to meet the needs of the coronary patient as he is transferred from the coronary care unit were developed from the results of the questionnaires and can be found in Appendix C.

Conclusions

1. Generalizations cannot be made from the findings of this study due to sample size. However, there are many implications here for nursing. Coronary patients do have needs when leaving the coronary care unit. These must be taken into account when the patient is admitted to the unit and must be recognized and dealt with from that moment until the patient is dismissed from the hospital. These responsibilities lie not only with the coronary care unit nurse, but with every person involved in the complex nursing care of the coronary patient.

2. Patients are not being adequately prepared for their transfer from the coronary care unit to the general medical floor. The vast majority are given only a few hours to overnight to adjust to the proposition that such intensive care is no longer necessary. Not only are these patients not being given enough time to cope with this new idea, they are not being given adequate information in regard to their transfer, such as why they are being transferred, who will be taking care of them, and what activities they will be allowed to perform.

3. Nurses in the coronary care unit are not fulfilling their role as a teacher of the patient and his family in the area of transfer from the coronary care unit. In the majority of cases, it was the doctor who first informed the patient of his transfer, and, similarly, in most cases it was the patient who informed the family of his transfer.

4. Patients are not being given adequate information about the equipment used in the coronary care unit. A large portion are fearful of the equipment at the beginning of their stay in the unit and many of those who are not fearful upon admission felt fear of moving away from the equipment when being transferred. A need for better patient teaching is implied in these observations.

5. Patients rate the quality of nursing care they receive in the coronary care unit as being much better than the care they receive on the general medical floor. They perceive the floor nurses as being too sparse and not specialized to meet their needs. Perhaps they are not being adequately prepared for the type of care they will receive on the general medical floor.

6. Most of the patients did not feel it would have been helpful to have been informed that there were fewer nurses on the general medical floor, however, half of the patients indicated that they did not like this, especially during the night.

7. Nurses in both areas, the coronary care unit and the general medical floor, are not providing continuity of care. The floor nurse is not taking the time to establish a trusting relationship with the patient before he is transferred. The coronary care unit nurse is also not meeting with her former patients after their transfer to enhance the idea that she does care about them. Results of this study indicate this is a need of these patients.

8. The majority of the general floor duty nurses are attempting to make the coronary patient's adjustment to the floor easier by introducing themselves to the patient and then showing them how to do activities they were not able to perform in the unit.

9. The majority of coronary patients miss the constant attention and the security they received from the nurses in the coronary care unit. However, they enjoy having visitors and being able to resume more normal activities once they reach the general medical floor.

10. Nurses in the coronary care unit and on the general medical floor are not providing enough information for the patient about his illness. All patients in this study requested more information about their illness, but most stated they planned to resume normal activities once their doctor said they could.

11. The vast majority of patients stated they were glad to leave the coronary care unit. They felt this way in spite of their lack of information, the fears some of them felt, the unanswered questions many of them had and their difficulty in adjusting from constant care to routine floor care. Most patients view this as a sign of getting better and attribute this to their good feeling when leaving the coronary care unit.

Recommendations

1. The same study could be replicated in a different hospital, utilizing a much larger sample, to compare similarities and differences

in needs of patients. The study could also be replicated in hospitals using step-down units in order to compare the needs of these patients to those in hospitals without step-down units.

2. A follow-up study could be conducted on the same coronary patients at about six weeks after discharge from the hospital to determine if needs are viewed differently at this time.

3. A study could be conducted using additional tools, other than the questionnaire used in this study, to further determine needs of coronary patients as they are transferred to the general medical floor. Reconstructing the questionnaire used in this study may aid in eliciting better responses on which to draw conclusions.

4. A study could be made of coronary care unit nurses and all nursing personnel on the general medical floor to determine what needs they feel the coronary patient has at the transferring stage of his illness.

APPENDICES

APPENDIX A

QUESTIONNAIRE

Identifying Information (taken from the chart)

1. Patient Number and Sex _____
 2. Age _____
 3. Occupation _____
 4. Number of days spent in the coronary care unit _____
 5. Number of days since transferred out of the unit _____
 6. Time of day when the transfer took place _____
-

1. Is this the first time you have had a heart attack? Yes___ No___
2. Was this the first time you have ever been a patient in a coronary care unit? Yes___ No___
3. Have you ever been a patient in a hospital before? Yes___ No___
4. What other illnesses have you had that have required your hospitalization? _____
5. How long before your transfer were you told you were leaving the coronary care unit? _____
6. Who told you? Doctor___ Nurse___ Aide___ Other___ (Please specify) _____
7. Who told your family that you were being transferred? Doctor___ Nurse___ Aide___ You___ Other___ (Please specify) _____

8. What information were you given in regard to your transfer?

Was this information adequate? Yes___ No___ What other information do you feel it would have been helpful to have had? _____

9. How did you feel about moving out of the coronary care unit and why? _____

10. What do you think it means to be transferred out of the coronary care unit? _____

11. Did you feel frightened or reassured by all the equipment used in the coronary care unit? Frightened___ Reassured___ How did you feel about moving away from this equipment? _____

12. How would you rate the nursing care you received in the coronary care unit? Excellent___ Good___ Fair___ Poor___ Why? _____
- Nursing care on this floor? Excellent___ Good___ Fair___ Poor___ Why? _____

13. How often would you say you saw a nurse in the coronary care unit? _____ How often on this floor? _____
- How do you feel about this change? _____

14. Were you told before your transfer that there would be fewer nurses on this floor? Yes___ No___ If no, would this information have been helpful? Yes___ No___

15. Did you meet any of the nurses from your present floor before your transfer? Yes___ No___ If no, would you liked to have met them? Yes___ No___ If yes, has this been helpful to you? Yes___ No___
16. Have you been visited by any of the coronary care unit nurses since your transfer? Yes___ No___ If yes, have you enjoyed this? Yes___ No___ If no, would you like them to visit you? Yes___ No___
17. Have you had to do any activities by yourself since your transfer that you did not do in the coronary care unit? Yes___ No___ If so, what are these activities? _____
Did anyone show you how to do these activities? Yes___ No___
18. Were you introduced to any new nurses upon your transfer? Yes___ No___ If not, do you think this would have been helpful in adjusting to your new surroundings? Yes___ No___
19. What do you miss most about being in the coronary care unit?

20. What do you like most about being on this floor? _____

21. Did you receive most of your present information about your illness here or in the coronary care unit? Here___ Coronary care unit___ Who gave you this information? Doctor___ Nurse___ Other___ Would you like to have further information? Yes___ No___

22. What are your plans for the future? _____

23. Do you have any comments to make about your transfer from the
coronary care unit to this floor that we have not already
discussed? _____

Appendix B

Results of Questionnaires

<u>Patient</u>	<u>Sex</u>	<u>Age</u>	<u>Occupation</u>	<u>No. Of Days Spent in Unit</u>	<u>No. Of Days Since Transfer</u>	<u>Time Of Transfer</u>
1	M	36	Contractor	5	3	10:50 AM
2	M	46	Manager	3	5	2:30 PM
3	M	51	Salesman	5	3	1:30 PM
4	M	54	Contractor	7	3	1:30 PM
5	M	61	Construction	5	1	1:15 PM
6	M	64	Lineman	5	1	1:00 PM
7	M	64	Janitor	4 $\frac{1}{2}$	5	12:30 PM
8	M	65	Retired	4	7	11:35 AM
9	M	68	Retired	3	2	1:00 PM
10	F	69	Retired	4	3	12:00 PM
11	F	78	Retired	7	4	1:00 PM
12	F	87	Retired	3	2	1:45 PM

Question 1: Is this the first time you have had a heart attack?

Yes____ No____

<u>Patient</u>	<u>Comment</u>
1	Yes
2	Yes
3	Yes
4	Yes
5	Yes
6	Yes
7	Yes
8	Yes
9	Yes
10	No
11	Yes
12	Yes

Question 2: Was this the first time you have ever been a patient in a coronary care unit? Yes____ No____

<u>Patient</u>	<u>Comment</u>
1	Yes
2	Yes
3	Yes
4	Yes
5	Yes
6	Yes
7	Yes
8	Yes
9	Yes
10	Yes
11	Yes
12	Yes

Question 3: Have you ever been a patient in a hospital before?
Yes____ No____

<u>Patient</u>	<u>Comment</u>
1	No
2	Yes
3	No
4	Yes
5	Yes
6	Yes
7	Yes
8	Yes
9	Yes
10	Yes
11	Yes
12	Yes

Question 4: What other illnesses have you had that have required your hospitalization?

<u>Patient</u>	<u>Comment</u>
1	None
2	Hernia surgery, back surgery, obesity
3	None
4	Back surgery, ptomaine poisoning
5	Diabetes, leukemia
6	Hernia surgery
7	A broken leg in 1953
8	Diabetes
9	Gallbladder surgery
10	Many different surgeries and my other heart attack
11	Arthritis
12	Hernia surgery

Question 5: How long before your transfer were you told you were leaving the coronary care unit?

<u>Patient</u>	<u>Comment</u>
1	2 days
2	6 hours
3	2 hours
4	The night before
5	1 day
6	4-5 hours
7	1 day
8	1 day
9	2 hours
10	The night before
11	1 day
12	3-4 hours

Question 6: Who told you? Doctor____ Nurse____ Aide____ Other____
(Please specify) _____

<u>Patient</u>	<u>Comment</u>
1	Doctor
2	Doctor
3	Doctor
4	Doctor
5	Nurse
6	Nurse
7	Doctor
8	Doctor
9	Doctor
10	Doctor
11	Doctor
12	Doctor

Question 7: Who told your family that you were being transferred?
Doctor___ Nurse___ Aide___ You___ Other___ (Please
specify)_____

<u>Patient</u>	<u>Comment</u>
1	You
2	No family here
3	You
4	You
5	You
6	You
7	Nurse
8	Nurse
9	Nurse
10	You
11	Nurse
12	No family here

- Question 8: A. What information were you given in regard to your transfer?
 B. Was this information adequate? Yes___ No___
 C. What other information do you now feel it would have been helpful to have had?

PatientComment

- | | |
|---|--|
| 1 | A. Only that I would be on the floor for two weeks or so.
B. No
C. It would have been helpful to have had much more explanation about what it would be like on the floor for me compared to the unit and what I would be able to do. |
| 2 | A. None
B. No
C. Some explanation about what to expect when I arrived on the other floor. |
| 3 | A. Only that my I.V. and my monitor would not be needed any more.
B. No
C. What it would be like on the floor and just what activities I would be able to do. |
| 4 | A. That there would be less restrictions on me there and a little more freedom to do some of the things I have been wanting to do.
B. No
C. Exactly what I would be able to do when I was on the floor. |
| 5 | A. I was told that there wouldn't be as much help there as in the unit.
B. Yes
C. None. You find out what you need to know when you get to the floor. |
| 6 | A. That there would be enough help to take care of me and that I would be able to get along fine because I was feeling so much better.
B. Yes
C. Nothing that I can think of now. |

<u>Patient</u>	<u>Comment</u>
7	A. None B. No C. I needed to be reassured that someone would be there to help me if I needed it. I was somewhat bothered because I didn't know what to expect.
8	A. None B. Yes C. None. I have been a patient on this floor before although not with this particular problem. I knew what to expect.
9	A. No information, just that I was going to be moved out of the unit. B. No C. What type of place I was going to, exactly why I was leaving, and who was going to take care of me.
10	A. None B. No C. What type of equipment would be there, and who would be taking care of me.
11	A. Only that the nurses on the floor would check on me often. B. No C. Why I had to leave such a nice place, who would be taking care of me, and if someone would be there whenever I need something.
12	A. None B. No C. Would have felt more comfortable about coming down here if someone had just explained what it would be like here.

Question 9: How did you feel about moving out of the coronary care unit and why?

Patient

Comment

- | | |
|----|--|
| 1 | I was glad to leave because it meant that I was that much closer to going home. However, I think it would be nice if we could stay in the unit until we are dismissed. |
| 2 | I felt good about it. It meant things were looking up. |
| 3 | I was certainly glad to be leaving because I hated it there. |
| 4 | I was glad to leave. There were too many restrictions there and I wanted to do more for myself. |
| 5 | I was glad to leave because of the cost but I hated to leave the nurses because of the good care they gave. |
| 6 | I was glad to leave because it meant I was getting better. |
| 7 | I was glad to leave because I was getting better. |
| 8 | I was glad to leave because I hated all the terrible equipment and the noise they made. |
| 9 | I was glad to leave because I thought it meant that I was getting better. |
| 10 | I was glad to move out because I was getting better and it would cost less. |
| 11 | I didn't want to leave because I felt more secure when someone was with me. |
| 12 | I was very glad to leave because I felt better. |

Question 10: What do you think it means to be transferred out of the coronary care unit?

<u>Patient</u>	<u>Comment</u>
1	They had done everything I needed done.
2	That I was improving as expected.
3	That I was too well for the care they gave.
4	The technical skills had been used to the best they could and that I had improved as expected.
5	That I was well enough for regular care.
6	That I was getting better.
7	Not sure, but probably that I didn't need the monitor or the I.V. anymore.
8	That I didn't need to be watched so closely anymore.
9	That I had gotten better and didn't need all that care anymore.
10	That I was improving.
11	I wasn't sure but I thought it must have meant that I was getting better.
12	I didn't need that type of care anymore.

- Question 11: A. Did you feel frightened or reassured by all the equipment used in the coronary care unit?
 Frightened___ Reassured___
 B. How did you feel about moving away from this equipment?

<u>Patient</u>	<u>Comment</u>
1	A. Frightened, I wasn't sure what all of it was for. B. Was glad that I didn't need it anymore.
2	A. Reassured. B. Was glad I didn't need it.
3	A. Frightened, I didn't know what the nurses were going to do with it. B. I wasn't sure if the nurses could take good care of me without it.
4	A. Reassured. B. I felt fear and was worried that the nurses wouldn't know if my heart started to act up again. I also missed my oxygen.
5	A. Reassured. B. I miss the equipment because it was so interesting to watch.
6	A. Reassured. B. I was glad to leave the equipment because it meant I was getting better.
7	A. Frightened. B. I was glad I didn't need it anymore.
8	A. Frightened. B. I was glad to get away from it because it was all so confusing.
9	A. Frightened. B. I was very glad to get rid of it.
10	A. Reassured. B. I wished that it could have been moved with me.

PatientComment

11

- A. Reassured.
- B. I didn't want to leave it anymore than I wanted to leave the unit.

12

- A. Frightened.
- B. I was glad to leave it because it got in my way.

- Question 12: A. How would you rate the nursing care you received in the coronary care unit? Excellent___ Good___ Fair___ Poor___ Why? _____
- B. Nursing care on this floor? Excellent___ Good___ Fair___ Poor___ Why? _____

Patient

Comment

- | | |
|---|--|
| 1 | <p>A. Excellent. The nurses had so much knowledge about the type of care I needed.</p> <p>B. Fair. It is hard to compare the two types of nurses. They are short-handed here and it takes too long to get my light answered.</p> |
| 2 | <p>A. Excellent. They did so much for me and were concerned about me.</p> <p>B. Good. I have no complaints about my care.</p> |
| 3 | <p>A. Excellent. The nurses treated me so well and knew so much about my illness.</p> <p>B. Good. The nurses try hard to give real good care to us.</p> |
| 4 | <p>A. Excellent. They were very knowledgeable nurses and knew what to do for me.</p> <p>B. Fair. The nurses don't seem to know enough about what they are doing.</p> |
| 5 | <p>A. Excellent. They were just good nurses.</p> <p>B. Excellent. They take good care of me even though they don't seem to know as much as the nurses in the unit.</p> |
| 6 | <p>A. Excellent. I received constant attention and such qualified care.</p> <p>B. Good. I don't have to wait too long for help and the nurses seem to care.</p> |
| 7 | <p>A. Excellent. Those nurses were smart.</p> <p>B. Good. They take good care of my needs.</p> |
| 8 | <p>A. Excellent. They know what they are doing.</p> <p>B. Good. These nurses aren't specialized.</p> |

PatientComment

- | | |
|----|--|
| 9 | A. Excellent. Someone was always there when I needed them.
B. Good. The nurses are nice and kind to me. |
| 10 | A. Excellent. They were always there when I needed them and they were so kind.
B. Fair. It takes too long to get a nurse, some of the aides don't know what they are doing, and the help just isn't as competent. |
| 11 | A. Excellent. A nurse was always with me and they seemed to know so much.
B. Fair. There are not as many nurses and they don't know enough. |
| 12 | A. Excellent. Someone was always with me.
B. Fair. They don't know as much. |

- Question 13: A. How often would you say you saw a nurse in the coronary care unit? _____
 B. How often on this floor? _____
 C. How do you feel about this change? _____

PatientComment

- | | |
|---|--|
| 1 | A. All the time.
B. During my bath and when I turn on my light. Nurses walk by the door a lot except at night.
C. I hated the change, since I was used to being waited on as soon as I wanted something. |
| 2 | A. Continuously.
B. Fairly frequently.
C. I guess I don't need to see as many nurses here since I am better now. |
| 3 | A. All the time.
B. Not too often.
C. It's all right because I don't need much care now. |
| 4 | A. Constantly.
B. It depends on the time, very seldom at night.
C. I don't like it but I guess it can't be helped. |
| 5 | A. Constantly or within a few seconds after I rang my bell.
B. Longer intervals than in the unit, but I guess it is adequate.
C. I don't like it and I think they should get more help on the floor. |
| 6 | A. Almost continuously.
B. See one very often except at night.
C. It's all right because I usually have a nurse when I need one. |
| 7 | A. Every few minutes.
B. Pretty often except at night.
C. I don't mind the change. |

<u>Patient</u>	<u>Comment</u>
8	A. All the time. B. Every one-half hour or so, I guess. C. I have just accepted it because I know they just don't have the help on the floor.
9	A. Always. B. Lots during the day, but seldom at night. C. It was hard to get used to.
10	A. All the time. B. Frequently unless they are busy or it is during the night. C. I feel uncomfortable about the change. I need help right away when I have pain or get short of breath.
11	A. Constantly. B. Not nearly as often as in the unit. C. I think they should have more nurses on the floor.
12	A. All the time. B. Pretty often. C. I don't mind because I have more time to rest when I'm not bothered as often.

- Question 14: A. Were you told before your transfer that there would be fewer nurses on this floor? Yes___ No___
 B. If no, would this information have been helpful? Yes___ No___

<u>Patient</u>	<u>Comment</u>
1	A. No B. Yes. I didn't expect such a change.
2	A. No B. No
3	A. No B. No
4	A. No B. Yes. Would have been easier to adjust.
5	A. Yes
6	A. No B. No
7	A. No B. No
8	A. No B. No
9	A. No B. Yes. It would have made it a lot easier to get used to being on the floor.
10	A. Yes
11	A. No B. No
12	A. No B. Yes. I would have known what to expect.

- Question 15: A. Did you meet any of the nurses from your present floor before your transfer? Yes___ No___
 B. If no, would you have liked to have met them? Yes___ No___
 C. If yes, has this been helpful to you? Yes___ No___

<u>Patient</u>	<u>Comment</u>
1	A. No B. Yes
2	A. No B. Yes
3	A. No B. Yes
4	A. No B. Yes
5	A. No B. Yes
6	A. No B. Yes
7	A. No B. Yes
8	A. No B. Yes
9	A. No B. Yes
10	A. No B. No
11	A. No B. Yes
12	A. No B. Yes

- Question 16: A. Have you been visited by any of the coronary care unit nurses since your transfer? Yes___ No___
 B. If yes, have you enjoyed this? Yes___ No___
 C. If no, would you like them to visit you? Yes___ No___

<u>Patient</u>	<u>Comment</u>
1	A. Yes B. Yes, very much.
2	A. No C. Yes
3	A. Yes B. Yes
4	A. Yes B. Yes
5	A. Yes B. Yes, a lot.
6	A. No C. Yes
7	A. No C. Yes, I sure would.
8	A. No C. Yes, but they are busy.
9	A. No C. Yes
10	A. No C. Yes, they are so nice.
11	A. No C. Yes, I would.
12	A. No C. Yes

- Question 17: A. Have you had to do any activities by yourself since your transfer that you did not do in the coronary care unit? Yes___ No___ If so, what are these activities?
- B. Did anyone show you how to do these activities? Yes___ No___

<u>Patient</u>	<u>Comment</u>
1	A. No B. No
2	A. Yes, getting up in the chair. B. Yes
3	A. Yes, getting up and walking around my room. B. Yes
4	A. Yes, walking. B. No
5	A. Yes, getting up in the chair. B. Yes
6	A. Yes, getting in the chair. B. Yes
7	A. Yes, getting up in the room. B. Yes
8	A. Yes, getting in the chair and walking in the room. B. Yes
9	A. Yes, walking to the bathroom. B. Yes
10	A. No, I'm on bedrest. B. No
11	A. Yes, sit in the chair. B. Yes
12	A. No B. No

Question 18: Were you introduced to any new nurses upon your transfer?
Yes___ No___ If not, do you think this would have been
helpful in adjusting to your new surroundings? Yes___ No___

PatientComment

1	Yes, but only one. I wish they all would.
2	Yes, this made it easier to adjust.
3	No. Yes.
4	No. Yes, because I can't see all the name tags.
5	Yes
6	Yes
7	Yes, and I am sure glad because it made it easier to talk to the nurses.
8	Yes
9	Yes
10	Yes, but only for the first day.
11	Yes
12	Yes, and it made it easier to adjust.

Question 19: What do you miss most about being in the coronary care unit?

<u>Patient</u>	<u>Comment</u>
1	The great care I received.
2	I miss the monitor because it was reassuring to watch it. I also miss the care I got.
3	Everything about it; it is a great place to be when you need that type of care.
4	I miss the constant attention and efficiency. You always got a nurse as soon as you rang.
5	Having so many nurses around when you need one.
6	I really don't miss anything about the unit; it was much too quiet there.
7	Nothing. I really hated it there, because the monitor and everything else made annoying noises.
8	I miss the fact that they restricted visitors, cause I'm not ready for all the people who come to see me.
9	The feeling that I can get help right away.
10	I miss the feeling of security. Those nurses know what to do for me.
11	I miss all the help and knowing that someone is always there.
12	Nothing.

Question 20: What do you like most about being on this floor?

<u>Patient</u>	<u>Comment</u>
1	The feeling that the next step from here is home.
2	Knowing that I can go home soon.
3	I can do more normal activities here.
4	There is more freedom here and I can have more visitors.
5	I like having visitors and more people to talk to.
6	There are more normal activities here and I feel like I'm not as sick here.
7	I can have more company here.
8	I can sit in the chair and use the bathroom.
9	I can have more visitors and I'm able to do more things for myself.
10	I'm not as secluded and I can have more visitors.
11	I really don't like it here at all.
12	My friends can come to see me and I can sleep more.

- Question 21: A. Did you receive most of your present information about your illness here or in the coronary care unit?
Here___ Coronary care unit___
- B. Who gave you this information? Doctor___ Nurse___
Other___
- C. Would you like to have further information? Yes___
No___

<u>Patient</u>	<u>Comment</u>
1	A. Here B. Doctor C. Yes, much more. I want to know why it happened.
2	A. Coronary care unit B. Doctor C. Yes
3	A. Coronary care unit B. Doctor C. Yes
4	A. Coronary care unit B. Doctor C. Yes
5	A. Coronary care unit B. Nurse C. Yes
6	A. Coronary care unit B. Doctor C. Yes. I have received no information here.
7	A. Here B. Mostly from the doctor. C. Yes
8	A. Coronary care unit B. Doctor C. Yes

<u>Patient</u>	<u>Comment</u>
9	A. Here B. Doctor C. Yes
10	A. Here and the coronary care unit B. Doctor C. Yes
11	A. Here B. Nurse C. Yes
12	A. Coronary care unit B. Doctor C. Yes

Question 22: What are your plans for the future?

<u>Patient</u>	<u>Comment</u>
1	I plan to try not to work as hard or as long when I get home.
2	I plan to do some type of office work now and to do a lot of resting in between working times.
3	I plan to go back to work and resume as many of my usual activities as possible.
4	I plan to do as my doctor tells me to.
5	I hope to be able to go back to work but will do as my doctor tells me to do.
6	I have no definite plans but would like to go back to work if my doctor says I can.
7	I would like to go back to work but it depends upon what the doctor says.
8	I have no plans yet.
9	I plan to stay home for six weeks and then go on a long vacation.
10	All my plans depend on what the doctor says I can do but I hope to resume traveling.
11	I plan to go home when the doctor says I can and rest for several weeks.
12	I have no plans yet.

Question 23: Do you have any comments to make about your transfer from the coronary care unit to this floor that we have not already discussed?

PatientComment

- | | |
|---|--|
| 1 | Only that I would rather be in the unit now because of the care I got, but I know now that isn't possible. |
| 2 | Everybody has been real good to me since I got sick. There are too many nurses aides on this floor and it made me feel real insecure at first. I guess it was because there weren't any in the unit. |
| 3 | It is a scarey feeling to leave such competent care and go to a place you know nothing about. |
| 4 | There is a small fear of leaving the unit. I would get help quicker there if I needed it and the nurses there have a lot of skill and equipment. They watched me close up there. Here they only bother me if I bother them. It could be a long time before I get help. There is a big difference between the two at night. |
| 5 | I think that the doctor and the nurses should take more time to explain things. The nurses don't tell you anything about being moved. They just tell you that you are being transferred and that is it. |
| 6 | Nobody has given me very much information as to activities and diet. My wife was more frightened by everything than I was but nobody bothered to explain anything to her. |
| 7 | I really enjoy being able to have a roommate so I was glad to be out of the unit. |
| 8 | I have no complaints about anything, because I have had such good care here. I am very glad that I have done well here and that I haven't had to go back to the unit. |

PatientComment

9

Only that I have received very good care here but all the attention I got in the unit made it hard to adjust to less care here.

10

I think that the nurses aides who answer my light should be more aware of me and my needs so that they don't have to go get someone to help me whenever I need something.

11

I would like to know why we can't stay in the coronary care unit until we are ready to go home.

12

No comments.

APPENDIX C

GUIDELINES FOR NURSES

A. Entering the Coronary Care Unit

The myocardial infarction patient is likely to be dealing with a great deal of apprehension upon entering the coronary care unit. Because of his anxiety, he needs many accurate, yet simple explanations about the coronary care unit and these explanations may need to be repeated several times before the patient grasps what is being said.

1. Begin by a simple explanation of all the equipment that is being used.

- a. Monitor
- b. Oxygen
- c. Intravenous Infusions
- d. Blood Pressure Equipment
- e. Any other equipment that patient needs.

If at all possible, demonstrate the equipment on a model dummy or on another nurse before actually using it on the patient.

2. Briefly explain all the policies of the coronary care unit as he becomes adjusted to the equipment being used.

- a. Type of nursing care he can expect.
- b. Restrictions placed upon him.
- c. Physical design and location of the unit.
- d. Limitations of visitors.

3. Whenever you are providing the patient with explanations about his situation at present and his future hospitalization period, be sure to include his family members.

- a. Aids them in giving support and reassurance to the patient.
- b. Adds to their own comfort.

4. Begin upon the day of admission to prepare the patient for his transfer to the general medical floor. Tell the patient that he will probably stay in the coronary care unit three to seven days.

B. As the Transferring Date Approaches

1. As the patient moves into the post-acute stage of his illness, his care must be replanned.

- a. Activity will be gradually increased.
- b. Medications will be changed.
- c. Diet will be progressed.

Although these will progress slowly, the patient will require constant reassurance and explanations given earlier should again be repeated.

2. This is the period when brief explanations about his illness and its limitations should be begun according to the level to which the patient has progressed. These explanations should be brief and simple.

3. Nurses should try to specify the exact date of transfer as far in advance as possible.

- a. Reinforce the idea that he will be leaving the unit soon.
- b. Explain why he will be leaving the unit.

4. Again, family members must be included in all aspects of the patient's rehabilitation period. Explanations given earlier to the patient should be repeated so that the family can work together towards a normal productive life for the patient.

5. It is at this stage that nurses from the transfer area should come to meet the patient. Explanations that should be included are:

- a. Type of nursing care he may expect on the floor.
- b. Who will be taking care of him.
- c. What activities he will be able to perform.
- d. Reduction in number of nurses he must expect.

C. Leaving the Coronary Care Unit

By this period, the patient and his family should be aware of the exact date and possibly the exact time this transfer is to take place. With proper explanations since admission to the unit, the patient should view this as a "graduation", a sign that he is getting better.

1. Removal of the equipment used in the coronary care unit, a few hours before the actual transfer occurs, gives the patient time to adjust to being without it before he is actually moved.

2. Give a brief re-explanation of the transfer.

- a. Why he is being transferred.
- b. Type of care he will receive.

- c. Who will be taking care of him.
- d. What activities he will be able to perform.

3. As the transferring time approaches closely, the nurses from the coronary care unit and the general medical floor should meet to discuss this patient's care. The coronary nurse may be able to provide cues for the floor nurse that will aid in meeting his needs and to perceive any problems the patient may have in adjusting to his new surroundings.

D. The General Medical Floor

1. It is here that an even more active stage of rehabilitation is begun. As new activities are started, the floor nurse should explain each new step and assist the patient as he begins to ambulate and become more active. Reassurance and support are frequently needed at this stage of rehabilitation—the responsibility of nurse.

2. Teaching must continue at the point left off by the coronary nurse. This teaching must include information about the following:

- a. The illness itself.
- b. Medication
- c. Diet
- d. Activity

3. The coronary nurse should visit the patient a few days after his transfer.

- a. Reinforces the idea of continuity of care.
- b. Let the patient know his nurses care about him.

4. Active preparation should take place for the patient's discharge from the hospital. The home situation and normal daily activities should be evaluated. The family must be included to help the patient cope with and adjust to the idea of his discharge from the hospital.

5. Any problems that are met by the floor nurse in caring for this patient should be freely discussed with the coronary nurse in order to reach a solution most appropriate for the patient.

LITERATURE CITED

Books

- Abdellah, Faye G., and Eugene Levine. Better Patient Care Through Nursing Research. New York: The MacMillan Company, 1965.
- Braun, Harold A., Gerald D. Diettert, and Vera A. Wills. Coronary Care Unit Nursing. Missoula: The Mountain Press, 1969.
- Killip, Thomas. "Management of the Patient with Acute Myocardial Infarction," The Medical Clinics of North America, eds. Lewis E. January M.D. and David C. Funk M.D. New York: W. B. Saunders Co., 1968.
- Lyght, Charles E. (ed.). "Myocardial Infarction," The Merck Manual. New Jersey: Merck Sharp and Dohme Research Laboratories, 1966.
- Meltzer, Lawrence E., Rose Pinneo, and J. Roderick Kitchell. Intensive Coronary Care—A Manual for Nurses. Philadelphia: The Charles Press, 1965.

Periodicals

- Cassem, N. H., Thomas P. Hackett, Carolyn Bascom, and Howard A. Wishne. "Reactions of Coronary Patients to the CCU Nurse". American Journal of Nursing, February, 1970.
- Foster, Sue and Kathleen G. Andrioli. "Behavior Following Acute Myocardial Infarction". American Journal of Nursing, November, 1970.
- Graham, Lois. "Patients' Perceptions in the CCU". American Journal of Nursing, September, 1969.
- Hahn, Anne and Nancy Dolan. "After Coronary Care—Then What?". American Journal of Nursing, November, 1970.
- Hazeltine, Louise S. "The Patient with a Myocardial Infarction—The Weeks of Healing". American Journal of Nursing, November, 1964.
- Imboden, Clarence A. and Jane E. Wynn. "The Coronary Care Area". American Journal of Nursing, February, 1965.
- Harvis, Dorothy. "Open Heart Surgery—Patients' Perception of Care". American Journal of Nursing, December, 1970.

Jones, Barbara. Inside the Coronary Care Unit, The Patient and His Responses". American Journal of Nursing, November, 1967.

Powers, Maryann E. and Frances Storlie. "The Apprehensive Patient". American Journal of Nursing, January, 1967.

Roberts, Sharon L. "The Patient's Adaptation to the Coronary Care Unit". Nursing Forum, Volume IX, No. 1, 1970.

Sister Mary George D. C. "The Transferring Phenomena Influences on Nurse and Patient". Hospital Management, October, 1967.