

# THE SAI GROUP: CARE PATHWAY - MI/ CHD (Secondary Prev.)

Referral with previous dx. MI, CAD, occlusive vascular disease, Atheromatous stroke, PVD, TIA, angina, diabetes, renal disease

**Initial evaluation** within 48 hours of referral or home return whichever is earlier

**Begin Telehealth** (+ Medication Monitoring if applicable) within 48 hours post evaluation with following checks

- Temperature– at least daily
- Heart rate– at least daily
- BP– at least daily
- Weight– at least daily
- Pulse-oxymetry– at least daily
- Blood glucose level- as ordered
- EKG– once a week for 6 weeks (or as ordered)

Continue telehealth if risks present or for at least 1 episode if asymptomatic/ stable (unless discharged from home health before end of episode).

**OT/ PT Care** (to include but not limited to):

- Exercise/ activity tolerance (IF INDICATED)
- Mobility
- Energy conservation/ work simplification
- ADL trg. as needed
- AE/ trg. as needed
- Pt. education/ FMP design & trg. as needed

All staff to check for s/s of w/ each visit

- **Nursing re-visit** no later than 48 hours post evaluation
- Frequency of nursing and home health aide based on clinical/ functional needs stated on initial evaluation/ physician orders
- Refer to OT and/or PT (if no admission orders)

**Nursing care (includes but not limited to):**

- Review of drugs
- Watch for drug interactions/ side-effects
- Patient education w/ handouts / lifestyle management
- Medication administration/ management as needed ( e.g. ACE inhibitors, beta blockers, statins, aspirin)
- Administration of annual influenza vaccination
- Administration of PPSV ( if no history or last dose more than 5 years ago before the age of 65; if previously vaccinated after age 65– none needed) \*
- Telehealth monitoring
- Interventions if– pt. obese, BMI  $\geq 28$  kg/m<sup>2</sup>
- Check for BP/ postural BP, HR, respiratory rate, oxygen saturation, weight, blood glucose level (if diabetic) with **each visit**
- Supervision of aide as needed

Do any of the following signs exist despite corrective measures taken (through current treatment plan)? (TELEHEALTH OR IN-PERSON)

- BP > 140/90
- Oxygen saturation < 90%
- Finger stick glucose < 70 or >400?
- Arrhythmic pulse

No

Yes

No

Yes

Does patient complain of any of the following signs & symptoms:

- Unrelieved or new shortness of breath at rest?
- Unrelieved or new chest, neck, shoulder, jaw or arm pain?
- Unrelieved wheezing or chest tightness at rest?
- Dizziness or light headedness?
- Nausea/ vomiting/ Indigestion?

**CALL 911. If patient unresponsive, apply CPR. If responsive, give Aspirin (encourage chewing).**

Nurse to reconcile meds and contact physician :

1. Send telehealth/ visit reports as appropriate (including EKG)
2. Request possible orders for lab testing
  - Blood work
    - Basic metabolic panel
    - Cholesterol (TC, LDL and triglycerides)
    - LFT, Hb
    - Other appropriate depending

Nurse to forward lab results to physician as soon as available and re-assess

- Critical lab values?

No

Yes

Nurse to contact Physician to discuss treatment plan that may include-

- Aspirin
- Statin
- Beta-blocker
- ACE inhibitor
- Antihypertensive therapy
- Other depending upon condition/ co-morbidities
- Lifestyle recommendations

**Notify Physician Immediately/ consider discharge to hospital**

Discontinue services when goals achieved/ potential maximized/ no further skilled needs with physician approval, or as directed by physician