

EDUCATION AND NURSING CARE FOR PATIENTS WITH ANGINA PECTORIS DURING THE STAY OF PATIENTS IN THE REGIONAL HOSPITAL OF PEJA

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DOI: 10.47750/pnr.2023.14.02.92

Abstract

Fire Angina is a pain the chest or a problem which occurs when the heart muscle is not sufficiently supplied with blood rich with oxygen. It can feel as a pressure or strain in the chest. The problem can also occur in the shoulders, asms neck, jaws and back. It is a symptom of the heart disease and it is usually a symptom of the heart coronary disease. There are many kinds of angina including the coronary acute syndrome, angina pectoris, chest pain, coronary artery spasm, microvascular angina, prinzmetol angina, inverse angina, stable angina, and the usual, nonstable angina with variations. Nursing Care Plans. The goals of treatment for Angina pectoris are to relieve chest pain, stabilize heart rhythm, reduce cardiac workload, revascularize the coronary artery, and preserve myocardial tissue. Angina occurs when the heart muscle does not receive the sufficient amount of blood to function normally. This usually happens When one or more coronary arteries are either narrowed or blocked which is otherwise called ischemia. The main risk factor for heart disease dangers and coronary disease dangers SKM are: Unhealthy levels of cholesterol, the high blood pressure, smoking, diabetes, overweight or obesity, metabolic syndrome, inactivity, unhealthy diets, old age (the danger increases for males after the age of 45 and for females after the age of 55), the family history with early heart diseases. The goals of treatment for Angina pectoris are to relieve chest pain, stabilize heart rhythm, reduce cardiac workload, revascularize the coronary artery, and preserve myocardial tissue.

Keywords: Nursing care, angina pectoris, nonstable, heart, coronary disease, nursing plan.

Introduction

Education and nursing care for patients with angina pectoris during the stay of patients in the regional hospital of Peja- Plans of nursing care - Nurse valuation:

Gathering of information about the patient's symptoms and activities, the valuation of the factors for the dangers of coronary arteries diseases, then the patient's responses to angina, understanding of diagnosis by the patient and his family and keeping to the actual plan of treatment. [1, 2].

Nursing Diagnosis:

The ineffective perfusion of Cardiac Tissues after SAK which is accompanied with pains in the chest and other prodromal symptoms, anxiety, tribulation, pain, gasping, change in vital signs etc. The lack of knowledge about the existing disease and about methods of evereoning any complications. [3,4].

The importance of a team works a Doctor- Nurse:

Given that patients are of a different origin, age and different intellectual level, therefore nurses are required a great individual and team work for managing cases with angina. The managing of the nurse care at patient's with angina pectoris can be only realized with an inter- colleague and inter- sectorial cooperation, making it easier for the patient who is threatened by potential complications during his stay in the hospital. A nurse is always near the patient, does a careful observation (detecting the urgent symptoms and signs) and informs the doctor, in order that all necessary preventive measures be taken. She monitors all vital functions. All dependent and independent nursing activities are documented on the right nurse lists. [5,6].

Planning and aims:

Aims include immediate treatment, reducing the pain, prevention of IAM, reducing of anxiety, awareness of the process of the illness, education about the illness in the self- care program and prevention of complications.

Nursing priorities:

During the nursing care there are also some priority activities or some activities of a more urgent nature, and they are:

1. Easing \ controlling the pain.
2. Prevention \ minimization of complications of Myocardium.
3. Providing the information regarding the process of illness \ prognosis and treatment.
4. Supporting the patients \ VS for starting the necessary changes in their lifestyle and behaviours.

Nursing interventions - Treatment of Angina:

Immediate actions be taken if the patient reports pains in the chest or when prodromal symptoms of a person indicate Anginal ischemia. The patient is instructed to cease all the activities and is advised to sit or lie in bed in Fowler position. Vital signs are measured and the patient is observed if he has a breathing disorder, nitroglycerine is applied through sublingual way and the patient's reaction is to be valued (this can be repeated up to three doses). In case the patient's respiratory rate increases or in case the level on oxygen saturation decreases, then on oxygen therapy must be applied. If the pain is bigger and if it continues for more than 30 minutes even after these applications, then the patient is valued for IAM and can be transferred to a unit for a more specific infirmary care. [3,7,8].

Nursing advice and the education of patients with angina pectoris:

Patients are taught to recognize their symptoms, how to report on the change of quality and intensity of symptoms during the stay in the hospital. They are also advised how and when to ask for help in case of reoccurring of symptoms after their discharge from the hospital. This can imply the program for quitting smoking, consultations about specific diets, the control of their body .

weight, the recommendations for a progressive increase of physical activities, participations in patient clubs etc. The respect

of time and protocol during the struggle for reducing of possible complications from counter indications of cardiovascular system, prevention of complications and their recognition, as well as the ability of action should be viewed as team characteristics. Having in mind the long term importance of patient education regarding the coronary disease, we have oriented ourselves to the research of informing nurses about the education of patients in the Coronary Units. Patients admitted with angina pectoris are vulnerable and frightened for the future. [1. 9. 4, 6.10].

A good nurse must compile a consultary program: The program for consulting patients with angina is designed in that way that the patient and his family understand the disease, and identify the symptoms of myocardium

ischemia. They are informed about the methods for prevention of chest pains and advancement of SAK are disassembled.

In the self-care program we must cooperate with the patient, his family and friends:

Activities for minimization of angina episodes must be planned. The patient must be advised that each pain that occurs after the application of these methods including the application of nitroglycerine must necessarily be treated at the nearest emergency centre. [11, 12,13].

Supplementary information with which patients must be advised on their discharge from hospital care and the plan of nursery care they must follow. Some of the information: They must be informed about the disease. What must be expected at home, activity, diet and life style. The diet is by all means an inseparable part of the program of care and the treatment of patients with Angina Pectoris and some for the instructions that the patients must be given to are: to reduce (restrict) the amount of alcohol they consume [4,7]. To be advised must to smoke. They are supposed not to let anyone smoke in their homes. To instruct them to read and learn more about what they should and to have a healthier heart and healthier blood vessels. To avoid salty and fatty meals. You can direct them to a nutritionist who would help them plan healthy diet. Patients are advised about the best ways to avoid stressful situations. To also advise them about sexual activity. Patients must be aware and ask for professional medical help at the moment they are faced with: pain, pressure, strain, or squeezing in the chest, arms neck, or jaws, problems in breathing, hand numbness, perspiration or change in skin colours. [2,12,14, 14].

The main aim:

The main aim is the search of the infirmity treatment and care for patients with angina Pectoris in the Regional Hospital in Peja [9].

PURPOSE OF THE WORK

Purpose and Objectives of the research the information of patients during their stay in the Hospital regarding his condition. Education of patients regarding angina pectoris. The research of nurses knowledge about angina pectoris. The research of the engagement level of the nurses of the Coronary Units regarding the patient's education during their stay in the Hospital.

Analysis of data and proposal of descriptive measures for the improvement of patient education about angina pectoris. The goals of treatment for Angina pectoris are to relieve chest pain, stabilize heart rhythm, reduce cardiac workload, revascularize the coronary artery, and preserve myocardial tissue.

Material and methods

Methodology of work:

For accomplishing this research the Hospital of Peja was chosen, the Coronary Unit. The research was carried out through a semi- structured questionnaire, the approach was quantitative.

The aimed group is Nurses:

16 questionnaires were given out designed for the nurses of the intern ward and e Coronary Unid of Peja Hospital.

Collecting the data:

The data collection was done with a semi- structured questionare. The questionare has\contains twenty for questions designed to search this problem.

Data analysis:

The gained data are grouped according to the questions and a statistical processing has been done by the program for computing of statistical parameters of age: average age gemeder and the average time of stay in the hospital. Data presentation was done through charts. The drawn conclusions will contribute in the proposal of measures for increasing of the staff nurse awareness in the management of infirmity care for patients with Angina Pectoris.

Results

In the course of thir work preparation I have collected data regarding the number of patients hospitalized in the Coronary Unit of the Regional Hospital for the years 2014 and 2015 (Table 1: Table 6).

PLAN OF INFIRMARY CARE AT PATIENTS WITH ANGINA PECTORIS IN THE REGIONAL HOSPITAL IN PEJA

Statistics for 2014		Statistics for 2015
Patients with Angina Pectoris	54	68
Male	34	40
Female	20	28
Average age	60	60
Average stay in hospital	6 day	7 day

Tab 2. Management of Infirmity care in admission of patients in Hospital.

Nr	Question for Nurses	Yes	%	No	%
1.	Do you ask a patients about the time of his first syptoms?	10	62.5	6	37.5
2.	Do you log the time of patients admission?	12	75	4	25
3.	Do you log patient's symptoms anadmission and during hospitalization?	7	45	9	55
4.	Do you log patient's vital signs on admission and during hospitalization?	16	100	0	0
5.	Do you ask patient's about his her former illness?	10	62.5	6	37.5
6.	Do you ask patients about the factors of danger of the coronary desease?	4	25	12	75

Tab 3. PERCEPTION IF NURSES REGARDING THE INFORMATION AND EDUCATION OF THE PATIENTS IN THE CORONARY UNIT

Nr	Question for nurses	yes	%	No	%

7. Do you think that the patient during his\ her stay in the Coronary Unit gets sufficient information about his\her illness?	8	50	8	50
8. Do you think that the patients during his\ her stay in the Coronary Unit is sufficiently provided with the information about the notification of danger factors ?	5	31.25	11	68.75
9. Do you think that during his\ her stay in the Coronary Unit the Patient gets sufficient information about medications he\she is going to use ?	13	81	3	19
10. Do you think that during his\ her stay in the Coronary Unit the Patients gets information for his everyday activities after discharging the hospital and about possible restrictions ?	9	67	7	43
11. Do you think that during his\ her stay in the Coronary Unit the Patient gets sufficient information about diagnostic examinations he Is submitted or that he might be submitted ?	10	62.5	6	37.5
12. Do you think that during his\ her stay in the Coronary Unit the Patient gets sufficient information about the possibility of the care of the coronary disease ?	8	50	8	50

Tab 4. Questions for nurses and patients regarding the knowledge about the factors of danger (16 nurses and 58 patients).

Nr	Question	Nurse		Patient			
		Nr	%	Nr	%		
1	Who must give the information to patients about their illness	Transfer response			Response		
		Family member	3	20	Family member	5	8
		The Nurse	2	13	The Nurse	10	17
		The Doctor	10	77	The Doctor	43	75
		The Patient himself must be interested	0	0	The Patient himself must be interested	0	0
Nr	Question	Nurse		Patient			

2	Gjeneral level of cholesterol in blood after the tretmant from Angina Pectoris shoulde?	Response	Nr	%	Response	Nr	%
		< 4.2mmol/ l	9	68	< 4.2mmol/ l	12	21
		< 5.2mmol/ l	3	19	< 5.2mmol/ l	15	26
		< 6.2mmol/ l	2	13	< 6.2mmol/ l	6	11
		I don't have information	3		I don't have information	25	44
Nr	Question	Nurse			Patient		
3	What is good cholesterol?	Pergjegje	Nr	%	Pergjegje	Nr	%
		LDL	0	0	LDL	0	0
		HDL	2	12	HDL	0	0
		VLDL	13	82	VLDL	10	18
		I don't have information	1	6	I don't have information	48	82
Nr	Question	Nurse			Patient		
4	Whiq value of LDL cholesterol is preferred after Angina Pectoris?	Pergjegje	Nr	%	Pergjegje	Nr	%
		< 1.6mmol/ l	2	13	< 1.6mmol/ l	2	4
		< 2.6mmol/ l	6	40	< 2.6mmol/ l	4	7
		< 3.6mmol/ l	8	50	< 3.6mmol/ l	5	9
		I don't have information	0	0	I don't have information	47	80

Tab 5. Questions for Nurses and patients, regarding their knowledge about the factors of danger and the usual medicaments which are used after the infarct of myocardium

Nr	Question	Nurse			Patient		
5	The patient, after myocardial infarction should receive aspirin	Answer	Nr	%	Answer	Nr	%
		A year	1	7	A year	10	18
		Five years	3	19	Five years	5	9
		One month	0	0	One month	0	0
		All life	12	75	All life	38	64
		I have no information	0	0	I have no information	5	9
Nr	Question	Nurse			Patient		

6	Whenever nitrates	ANSWER	N	%	Answer	N	%
	can be applied during the day?		r			r	
		One time	0	0	One time	0	0
		Three times	4	25	Three times	12	21
		More than three times	11	75	More than three times	24	42
		I do not know	0	0	I do not know	22	78
Nr	Question	Nurse			Patient		
7		ANSWER	N	%	ANSWER	N	%
	What are factorit coronary disease risk that can not be modified?	Legacy	16	100	Legacy	34	59
		Gandr	10	63	Gander	16	28
		Age	11	65	Age	10	18
		I do not know	0	0	I do not know	24	42
Nr	Question	Nurse			Patient		
NR8	Which are factors of danger of the coronary disease that can be modified?	Answer	N	%	Answer	N	%
		Nurse			Patient		
		smoking	16	100	smoking	0	
		Hypertension	8	50	Hypertension	10	18
		Total of cholesterol	8	50	Total of cholesterol	5	9
		Low HDL	7	43	Low HDL	0	
		Obesity	8	50	Obesity	2	4
		Physical inactivity	13	73	Physical inactivity	10	18
		Diabetes	2	13	Diabetes	0	0
		I do not know	0	0	I do not know	31	51

Tab 6 Questions for Nurses and patients regarding the know ledge worth discussing during the education about the Coronary Desease.

Nr	Question	Nurse	Patient
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9	Is physical activity after IAM forbidden?	Answer	Nr	%	Answer	Nr	%
		In the first six weeks	1	7	In the first six weeks	5	6
		In the first week	2	13	In the first week	11	21
		In the first month	1	7	In the first month	8	14
		On the first day	12	73	On the first day	3	5
		I do not know	0	0	I do not know	31	54
Nr	Question	Nurse			Patient		
10	Which medicaments are to do with the secondary prevention?	Answer	Nr	%	Answer	Nr	%
		Nitroglycerine	0	0	Nitroglycerine	0	0
		Statins	4	25	Statins	12	21
		Diuretics	12	75	Diuretics	24	42
		I do not know	0	0	I do not know	22	37
Nr	Question	Nurse			Patient		
11	Should the patient be vaccinated against the seasonal influenza after the infarct of myocardium?	Answer	Nr	%	Answer	Nr	%
		By no means	0	0	By no means	3	6
		Not important	0	0	Not important	4	7
		At will	9	60	At will	7	12
		Yes	7	40	Yes	16	28
		I do not know	0	0	I do not know	27	47
Nr	Question	Nurse			Patient		
12	Is sexual activity allowed after Angina Pectoris?	Answer	Nr	%	Answer	Nr	%
		Yes after six weeks	14	93	Yes after six weeks	11	18
		Yes after six month	2	7	Yes after six month	2	4
		Yes after a yers	0	0	Yes after a yers	0	0
		I do not know	0	0	I do not know	45	78

Discussion

Infirmary was not legally recognized as a separate and autonomous profession as are recognized medicine, stomatology, and pharmacy. The role of nurses was to assist doctors and implement their instructions. Problems with which were facet reflect on this research carried out aiming the nurse care for patients with Angina Pectoris. The education of the citizens about the disease is a primary obligation of public of health workers. Profilized

Nurses, as is the case with those working in the Coronary Unit, are obliged to inform patients about the illness, about the way how to care it and prevent complications, respectively are obliged to educate patients. To achieve this, nurses must always be in the process of professional education, which would enable security and accuracy in the information transmitted to patients.

Though the questionnaire a reflection has been drawn of the know ledge of nurses about the management of care cases focusing on education of patients when it comes to the illness, which is their professional concern. Therefore, there is a need for continuous, education and a need for a specialized nurse for education of patients, as well as the nurses who work in the Coronary Unit. Educational programs improve the care reduce rehospitalization and increase the quality of life and the functional condition of patients with Coronary diseases. The programs effect survival and prevent reoccurring of Angina Pectoris and other illnesses [9]

Information of nurses about the danger factors is also. Other side it is clear that the infirmity care must include the evidenced education apart from interventions. This gives us the right to think that the nurse does not take an active role in diagnosing and in e patients therapy with Angina Pectoris.

The aim of the cardiac rehabilitation is to improve the physical and psychical capacity of the patient stabilizing, stopping or reversing the progress of a coronary disease. To achieve this the patient must clarify the questions about the disease. There must not be any doubts about physical activity and its importance. It is prudent that the nurse helps the patient to plan his physical activity. Consultations about diet are obligatory. The education and support for modification of the danger factors are also necessary (tobacco, arterial hypertension, diabetes, high cholesterol, obesity insufficient physical activity) [13, 14]

Education means also the information about medicaments, the way to take them, their benefits and possible ill-effects.[16]

It can be concluded that the results of this study arouse some important issues and first of all an insufficient education for patients hospitalized regarding Angina Pectoris. At the same time, a current need is highlighted about the necessity of the existence of the protocol which would include the education of patients during this vulnerable period of their fight against the illness. Pointing out lack of an infirmity documentation about nurses activities as also present in the research where infirmity advice given to patients has not been logged. This is a result of the lack of graduate professionals at Infirmity Faculties in the Regional Hospital in Peja because of not existing of a competition (advertisement) for graduate nurses. [1.9.4,6].

Conclusions

According to the abovepointed data at the results of the research we can conclude that: From the collected data at the Coronary Unit of Peja Hospital emerges that most patients with Angina Pectoris are males. The average age of patients with Angina Pectoris was 61 which is complete conformity with the epidemiology of coronary disease. It is noticed that the patients are not given sufficient information about the illness and about the modification of the danger factors and that they do not have this necessary information during the stay in the Coronary Unit. This is a result of the lack of graduate professionals with a University degree at Peja Hospital.

It is proved a low level of necessary knowledge regarding the coronary disease, regarding the danger factors of this disease and regarding the activities that must be taken to fight the disease. During their stay in the hospital, patients are not provided with sufficient information about the element of secondary prevention of the coronary disease, as a more effective and a cheaper way for preventing possible complications, controlling the disease, lowering mortality and lowering disability.

Proposal of measures: If there is not inadequate Infirmity management in managing of cases and if there is no health education of patients by nurses, then an action plan be developed for improvement and that plan must contain issues such as: the education of infirmity staff managing of the infirmity care in Coronary Units; the increase of intellectual level of the infirmity staff with people with the Faculty of Infirmity; the increase of knowledge of nurses about the coronary disease and the necessity of patient education; a general engagement of the management staff in all levels; the continuous training of health workers for a better care for patients; it is

important to increase hygienic standards in public health institutions; to increase the awareness in a better communication Doctor-Nurse-patient; the ethical code of civility to be part of health workers; to accomplish an increase in technological capacities, the training of health staff of all levels and their continuous education; a general engagement of the management in advancing the infirmity staff on all levels; Patients satisfaction with health service to be an important indicator that reflects the results of the staff and the Hospital; the creation of protocols for patient compensation or their relatives (family member) in cases of problems or any consequences caused by professional carelessness of Hospital staff; to create recreative spaces within the hospital for patients with a longer stay in the hospital; to enrich the patients many with dietary food according to the illness nature of the patients; the insistence to document the activities and a periodical valuation of all the activities done by nurses; appointment of a specialized nurse for education within the hospital; there is a need to found clubs for patients after the period with Angina Pectoris; and the protocol for education. The heart failure outpatient clinics represent one of the possible applications of this work in the field of nursing; these are sectors that require monitoring, evaluation, teaching and research to support the well-being of patients with this clinical disorder, and the actions of the nurse can significantly improve the quality of life of patients and reduce the cost of readmissions. [2.17-20].

Disclosure

The authors declared no conflict of interest. No funding was received for this study.

Acknowledgement

We would like to thank medical staff of The University of Prishtina, Faculty of Medicine, Prishtina, Kosovo., Emergency Clinic, University Clinical Centre of Kosova, Pristina, College Medical of Sciences Resonance.

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