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Coronary artery spasm during Dobutamine stress echo in 3 patients

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Dobutamine stress echo (DSE) is a consistently employed non-invasive exercise-independent stress modality used to localize and assess coronary artery disease and myocardial ischemia. DSE is a highly sensitive method for detection and localization of coronary artery disease. It is an internationally used test for the evaluation of patients with known or suspected coronary artery disease. The safety profile of the test has been widely examined via large studies involving sizeable cohorts of patients. Coronary vasospasm leading to ST elevation is a rare but documented complication of the test. Dobutamine, as a pharmacologic agent, although noted to cause vasoconstriction, has not been associated with coronary spasm. However, there are rare reports describing ECG ST segment elevation during dobutamine infusion in the absence of significant coronary artery disease or previous myocardial infarction, suggesting that dobutamine induced coronary artery spasm may occur. Myocardial ischemia induced by dobutamine is frequently associated with ST segment depression on ECG. However, ST elevations during DSE have been documented in several isolated reports and are an important source of false positive results. This is an important case series detailing three cases where coronary artery spasm during DSE resulted in electrocardiogram changes and subsequent angioplasty. Localisation of coronary artery occlusion was varied between ECGs during DSE and angioplasty, and in one case normal coronary arteries were observed. This could be due to dobutamine induced coronary artery spasm phenomenon. This case series has some important practical implications for interventional cardiologists.

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CCU TEAM's care bundle+ in patients undergoing femoral artery percutaneous intervention

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Background: Percutaneous coronary intervention (PCI) is an increasingly important revascularization strategy in coronary heart disease management. Considering the current frequency of the clinical pathway of the procedure, there are significantly limited useable data or information to sufficiently inform nursing care focusing on describing the nursing management in post PCI. In order to ensure that nurses provide quality care to patients. The study has developed the CCU TEAM's Care Bundle in order to be able to deliver the safer and more effective cares in both the independent and collaborative contexts of PCI management.

Purpose: To compare the effectiveness of the CCU TEAM's care bundle with usual care as the means of improving nursing care process and reducing the risk of hematoma complications for patients undergoing femoral artery percutaneous intervention.

Methods: Historically controlled study was conducted. The intervention group comprised 108 patients who were undergoing femoral artery percutaneous intervention and admitted in cardiac care unit (CCU) of Bumrungrad International Hospital, Bangkok. The control group (usual care) was a group of 124 patients who received femoral artery percutaneous intervention in the past and were selected from the hospital database. After the development CCU TEAM's care bundle, the content of care bundle was disseminated to all staff nurses who work in CCU. The care bundle was consisted of seven elements: (1) Coagulation checking; (2) Consider skin barrier; (3) Urination; (4) Tightening and compression; (5) Extremity circulatory observation; (6) Activity restriction; and (7) Medication control. The statistics used in the analysis include descriptive statistics.

Results: In all, 232 patients were included in the study, with a mean age of 61 years (35-91). Women constituted 75.5%. In the result of the study on nursing outcomes and PCI procedure showed that there was figure between the usual care and the CCU TEAM's care bundle. In addition, there was the decrease in the number of patients who have hematoma by 0.57 % after applying the care bundle compared to those who were treated by usual care. A review of clinical outcome in patients in cardiac care unit indicated that most patients were in stable enough condition to be on cardiology ward after a PCI procedure.

Conclusion & Recommendations: In order to ensure that nurses provide quality care to patients who have PCI procedures. Nurses play a critical role in delivering care in both the independent and collaborative contexts of PCI management.

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