

*Assessment Of Risk Factors In Coronary
Artery Disease And Nurses Role In
Ain Shams University Hospital*

Thesis

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To My Husband
Whose Effort & Assistance
I'll Never Forget

To My Mother
For Her Encouragement

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List of Abbreviation

AP	Angina pectoris
AMI	Acute Myocardial Infarction
AV groove	Atrio ventricular groove.
AV node	Atrio ventricular Node.
BP	Blood Pressure.
CAD	Coronary Artery Disease.
CCU	Coronary Care Unite.
CHD	Coronary Heart Disease
CHF	Congestive Heart Failure.
CPK-MB	Creatine phosphokinase myocardial Band.
ECG	Echocardiography
HR	Heart Rate.
HDL	High Density Lipo protein
IHD	Ischemic Heart Disease.
IV fluids	Intravenous fluids
L.V. dys.	Left ventricular dysfunction.
M.I	Myocardial Infarction.
O₂	Oxygen.
PMIS	Post Myocardial Infarction syndrome.
PTCA	Percutaneous transluminal coronary angioplasty.
RBBB	Right Bundle Branch Block
VLDL	Very low density lipoprotein.
X²	Chi-square.

Introduction

Introduction

The severity rate of CAD vary considerably among world populations. Serious study of natural history of CAD began in (1950) with the Framingham study and other projects. The data collected in this studies established certain factors related to the incidence and progression of coronary atherosclerotic disease. These include age, sex, hypertension. Lipid level, obesity smoking, sedentary life style, and psychological factors (*Thompson, et al, 1989*).

The major disorders resulting from an insufficient blood supply to the myocardium are arteriosclerotic heart disease, angina pectoris, coronary insufficiency and myocardial infarction, all these entities are grouped under the term coronary heart disease (*Luckmann and Sorensen, 1980*).

Hurst et al, (1988) stated that it seems prudent to alter the risk factors, when possible, even though they may only be accelerators. Accordingly tobacco smoking should be curtailed or stopped, hypertension should be controlled, obesity should be avoided; a low-fat, low cholesterol diet is desirable, diabetes should be controlled; type A personality traits should be altered if possible, and an active exercise program should be pursued.

Aim Of The Study

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This study aims to:

- 1- Identify the risk factors precipitating the coronary atherosclerosis.
- 2- Assessment of the nurses knowledge and performance in caring for cardiac patient.

Review of Literature

Anatomy & Physiology

Glenioter and Ross (1980) stated that the heart is the part of the circulatory system specialized to act as a pump to keep the blood flowing. The lining endothelium is known as endocardium. The endocardium forms a covering for every structure in the interior of the heart. The connective tissue surrounding the heart is specially modified to form the pericardium. It consist of two layers, the parietal layer and visceral layer. The myocardium is composed of specialized muscle tissue known as cardiac muscle.

Wilson (1981) studied that the heart is divided into a right and left side by a partition of muscular tissue known as the septum. After birth, blood cannot pass directly from the left to the right side of the heart or vice versa. Each side is divided into an upper and lower chamber by a valve. The valves ensure that the blood flows in one direction only from the upper chamber or atrium to the lower chamber or ventricle. The heart therefore, has four chambers. Right and left atria, right and left ventricles. The valve separating the right atrium from the right ventricle is known as the tricuspid valve. The valve separating the left atrium from the left ventricle is called mitral valve.

Wenger (1980), Vanden Belt et al., (1988) and Hurst et al., (1990), stated that coronary arteries have some feature which distinguish