Top Tips for Cardiac Nurses. An Interview with Nurse Nacole

In this interview, we interviewed Nurse Nacole. She’s a certified critical care nurse who is currently pursuing her Doctorate of Nursing Practice. Check out her website here.

A few important points

If you are a new grad that is not taking accountability for his or her learning and mistakes, it is a huge red flag
If you want to learn more about something, you’ll have to do that at home – many times there isn’t enough time to do that while providing care at the same time

First things a new nurse should understand about cardiac

- First focus on understanding the anatomy of the heart
  - NCLEX® Cardiac Essentials - course
- Second, focus on the ECG interpretation
  - ECG interpretation - course
  - Interpret ECG’s Like a Boss - blog post
- Focus on the patient – not the monitor
- The patients don’t always present like the textbook

Things to know

- Cardiac history / procedures
○ Parameters can be different depending on the different surgeries, procedures, or history
○ Know parameters!
  ■ Look at nursing orders before calling / treating
● **Potassium lab is a big focus for cardiac surgeons and cardiologist**
  ○ Very diligent and proactive to supplement potassium
  ○ Your body doesn’t hang on to potassium if your magnesium is low. If you have to replace both, replace magnesium first then do your potassium.
  ○ Magnesium doesn’t come on a BMP; you’ll have to add that on if the MD wants it or you’re concerned about ectopy.
● **Vitals / monitor changes first, then it's evident in the assessment**
  ○ Know your patient’s trends because even though they may be in technically “in range” it may be abnormally high or low for that unique person
  ○ Some people will not be concerned by alarms that stop or don’t continue; it is essential to see what caused the alarm
    ■ Was it a run of PVC’s? How many runs have they been having?
    ■ Was it a pause? How long was the pause?
● **EKG Dance Video**
  ○ [https://www.youtube.com/watch?v=r9yUIDNmCsw](https://www.youtube.com/watch?v=r9yUIDNmCsw)
● **Know your orders**
  ○ If something changed, it's not your job to interpret the EKG perfectly on an instant - but know when something changes and get a 12-lead if you've got an order to do so
  ○ Many times there's a standing order to get an 12-lead with telemetry changes
● **When to freak out/intervene?**
  ○ When they're symptomatic, even if the vitals are okay
  ○ Persistent issues like increasing runs PVC’s
● **Lung vs. cardiac**
  ○ Use an ABG to differentiate