

Case Report

Acute coronary syndrome (ACS)

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Abstract

Introduction: Acute Coronary Syndrome (ACS) is an umbrella term that encompasses three serious heart conditions caused by reduced or blocked blood flow to the heart. These conditions, which affect millions each year, pose a serious risk and require urgent medical care. ACS typically presents as unstable angina or a heart attack (myocardial infarction), and may cause symptoms such as chest discomfort, shortness of breath, or dizziness. Immediate medical attention is crucial to alleviate symptoms and avoid serious complications. Types of ACS include: 1. Unstable Angina: Characterized by unexpected chest pain that can occur even at rest, often signaling an impending heart attack and usually resulting from worsening stable angina. 2. Non-ST-Elevation Myocardial Infarction (NSTEMI): A mild heart attack identified through blood tests rather than an EKG, caused by partial or temporary artery blockage. 3. ST-Elevation Myocardial Infarction (STEMI): A severe heart attack where a coronary artery is completely blocked for an extended time. It shows up on both blood tests and an EKG and can damage a large portion of the heart. Common symptoms of ACS include dizziness, fainting, sudden excessive sweating, fatigue, heart palpitations, and upper abdominal discomfort (which may feel like indigestion). Medical management involves: Anticoagulants like aspirin or heparin to prevent or dissolve blood clots. ACE inhibitors to manage blood pressure. Beta-blockers to lower heart rate and blood pressure. Nitroglycerin to ease chest pain and enhance blood flow. Pain relievers to manage discomfort. Statins to reduce cholesterol. Thrombolytics to dissolve clots, particularly when administered within 12 hours of a heart attack. Surgical interventions may be required to restore normal blood flow: Angioplasty with stent placement to open blocked arteries. Coronary Artery Bypass Grafting (CABG) to reroute blood flow around a blocked artery. Percutaneous Coronary Intervention (PCI) as a minimally invasive method to reopen arteries.

Conclusion: The prognosis of ACS varies based on the type and severity of the condition. Early diagnosis, effective treatment, and adopting heart-healthy lifestyle changes can significantly improve long-term outcomes and enhance quality of life.

Keywords: Acute coronary syndrome, Coronary artery bypass grafting, Percutaneous coronary intervention, Angioplasty.

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1. Biographic information

Religion:	Muslim
Marital Status	Married
IP NO:	901726
Income:	Rs 15, 000
Occupation:	Business man
Languages:	Kashmiri, Urdu
Educational Qualification:	Matriculate
Name of the Attendant /Family Member:	Mrs. Raja Bano
Relationship with the Client:	Wife
D.O.A:	20-12-20

2. Diagnosis: Acute Coronary Syndrome (ACS)

2.1. Chief complaints

1. Chest pain – retrosternal and sever tightness of chest
2. Diaphoresis
3. Weakness
4. Giddiness
5. Decreased sleep
6. Decreased appetite

3. Present Medical History

My patient name Mr. Dar Ali Mohd. Was apparently alright 2 hours back. He has suddenly developed chest pain which

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was retrosternal in nature, not radiating / referral and having feeling of severe tightness of the chest. Along with that client was also having the complaints of diaphoresis, weakness, giddiness, decreased appetite and decreased sleep. Then they immediately came to the SKIMS hospital. There the doctors have done his physical examination and various laboratory and graphic tests. Then they came to know that client is suffering with Acute Coronary Syndrome. Now, the client is receiving treatment from the hospital.¹

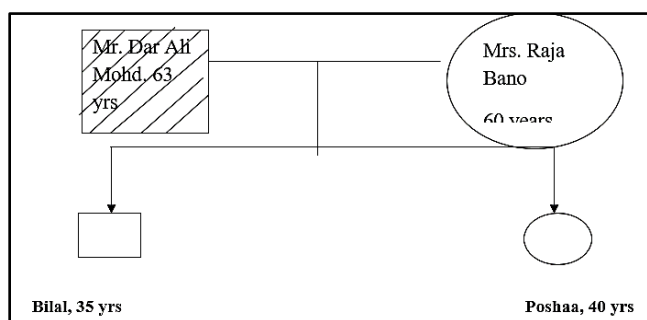
3.1. Past medical history

History of angina on exertion- 3-4 years back

Past surgical history: Not significant

Family History of any Illness: Not significant

Family Tree



Socio Economic Status:	Middle class.
Dietary Details:	Both vegetarian & Non-Vegetarian.
Life Style, Habits and Beliefs:	My patient is business man by occupation and he is performing having exertional work He use to do work out of the state and come to home for 1 month with intervals He believes in god and likes to follow the rituals and customs of society He use to do 5 times namaz
History of any Allergy:	Not Significant
Activity:	Not able to do daily activities due to pain, generalized body weakness and other symptoms that make the patient to feel discomfort but he performs daily activities which promote personal hygiene with assistance.
Cognitive:	No cognitive impairment.
Rest and Sleep:	Sleeping pattern is disturbed due to pain and discomfort to the client

4.2. Systemic physical examination

Head
Skull: Skull is round in shape, symmetrical. No masses noted. Facial movement is symmetrical.
Scalp: Scalp is clear from dandruff. No scars & wounds noted.
Face: Face is normal. Anxiety is present
Eyes:
Eye brows symmetrical and equally distributed
Eyelashes Normal, no infection like phlebitis

Self-Perception:	He is aware about his disease condition and hope that he will be alright soon with the blessings of god.
Role/Relationship:	Before hospitalization he use to maintain healthy relationship with the family members, friends and neighbors and happily perform his role in the family.
Sexuality:	Maintaining
Coping Stress:	Good coping strategy and thinks that he will be alright soon.
Values and Beliefs:	He is having firm belief and values in his personal life and follows all rules as per religion.

4. Environmental History

Drinking water Supply:	Tap water
Environmental Sanitation:	Adequate
Waste/Excreta disposal:	closed, use of dustbins, dumping
Presence of flies/mosquitoes/rodents:	sometimes
Psychosocial History:	patient is having good social support by friends and relatives as he maintains healthy relations
Language:	Kashmiri & urdu
Details of milestones development:	Normal mental and physical growth
Personal habits:	Client is smoker
Bladder	Normal bladder pattern
Bowel	Patient go for 1 time a day to pass stool

4.1. General appearance

Mental Status:	Conscious, oriented to time, place and person.
Body Development:	Well-built normal
Nutritional Status:	Inadequate
Dress:	Good
Speech:	Coherent, Clear and audible
Hygienic Condition:	Poor
Height	5 feet 8 inch
Weight	78 kg

Eyelids	no oedema, lesions are present. No eversion and inversion
Eyeballs	Symmetrical. Eye walls are not sunken or protuded.
Conjunctiva	slightly reddish in color due to sleep disturbance
Pupil	Equally round and reacting to light and surrounding
Lens	Transparent
Vision	Normal, no myopia or hyperopia
Ears	
External ears	No discharge
Hearing acuity	Normal
Tympanic membrane	normal without any perforation
Nose:	
External nares	No discharges or any crusts
Nostrils	No inflammation .of mucus membrane, no deviated nasal septum
Mouth:	
LIPS	Pink in color and dry. No redness, swelling and cracking
Tongue	Pinkish in color, no lesions or furrows are present, fishy smell is present
Gums	Slightly black in color
Teeth	No dental caries., discoloration is presen
Neck:	
Range of motion	Normal movement.
Thyroid:	Normal No Thyromegaly
Lymph nodes:	No enlargement.
Respiratory System	
Inspection:	Respiratory rate 18/minute, no congenital chest problems.
Palpation:	Chest expansion is bilaterally symmetrical.
Percussion:	Resonant.
Auscultation:	Normal breath sound over right & left side is heard. Bilateral air entry +ve No crepts or wheeze is present
Cardiovascular System:	
Inspection:	Capillary refill was less than 3 seconds.
Palpation:	Point of maximal impulse can be felt at 5 th inter-costal space.
Percussion:	Cardiac border is felt at 3 rd & 5 th inter-costal space.
Auscultation:	Presence of s1 & s2 sound. No Murmurs heard.
Gastro-Intestinal System	
Inspection:	
Mouth and Phyranx:	
Lips:	Smooth, pink, dry, symmetrical. No lesions or discolouration seen.
Buccal Mucosa:	Glistening, pink, moist and smooth.
Gums:	Normal, slightly blackish, no bleeding.
Teeth:	No dental caries and cavities. Poor dental hygiene. Discoloration is present
Tongue:	Pink in color, smooth and dry. The floor of the mouth is vascular.
Palate:	No lesions or ulcers seen.
Pharynx:	Pharyngeal tissues pink, smooth and dehydrated. No tonsillitis seen.
Abdomen:	Normal color, no lesions seen. No abnormal movements seen. No distension observed. No signs of inflammation, discharge or masses present
Auscultation:	Peristalsis present. Bowel movements present. Bowel sounds heard .No signs of paralytic ileus found.
Palpation:	No tenderness is felt over the right and left lumbar region. No masses or organomegaly felt.
Percussion:	No thrill movement present. No dullness sounds detected.
Genito-urinary System:	
Inspection:	Urine is yellow in color.
Palpation:	No mass or tenderness is present
Percussion:	Dullness is heard over the bladder.
Auscultation:	Bruit sounds are absent.
Musculoskeletal System:	
Muscular system:	
Inspection:	Normal range of motion. Absence of congenital abnormalities

Spinal cord:	Body curvature is normal.
Palpation:	Muscle strength is normal, no muscle atrophy
Muscle power:	Upper limbs Rt 5/5
	Left 5/5
	lower limb Rt 5/5
	Left 5/5
Muscle tone:	Upper limb Rt Normal
	Lt Normal
	Lower limb Rt Normal
	Lt Normal
Skeletal System:	
Inspection:	Gait is normal. Standing posture upright with parallel alignment of hips and posture bilateral symmetry in length.
Palpation:	No bony mass or enlargement on palpation.
	No tenderness on palpation showing that osteoporotic fractures of the fore arm wrist, hips and vertebrae absent.
	Joints free from stiffness, swelling or inflammation. Elbow and
	patellar extension normal. No bony deformity.
Integumentary System:	
Skin Inspection:	Colour of the skin is fair. Normal. No cyanosis in lips nail beds and palms seen. No jaundice in sclera
	Cool and clammy skin due to diaphoresis
Nail:	No cyanosis or clubbing of the nails seen.
Palpation:	Skin is hot. Normal turgor.
Central Nervous System:	
Level of consciousness:	Fully conscious, oriented to time, place & person GCS=15/15
Motor function:	Motor function is normal, cranial nerve function is normal.
Sensory function:	Patient has normal sensation to temperature, pain, touch, vibration & position.

4.1. Reflexes

Reflex	Right	Left
Biceps	++	++
Triceps	++	++
Patellar	++	++
Ankle	++	++
Planter	++	++

4.2. Endocrine system

Inspection:	No enlargement of thyroid gland observed. No features of acromegaly, Cushing's syndrome or Sheehan's
Palpation:	syndrome found. No protrusion of eyes or exophthalmos seen. Excessive thirst, dry mouth.
Excretory system:	Thyroid gland not palpable.
Inspection:	Normal skin. No oedema is present
Palpation:	No mass or tenderness while palpation
Percussion:	No dull sounds are heard

4.3. Vital assessment

S. NO	Temperature	Pulse	Respiration	Blood pressure
Day 1ST	98°F	82/min	18/min	150/90mmHg
Day 2ND	98.3°F	83/min	20/min	140/80mmHg
Day 3RD	98.7°F	84/min	19/min	120/80mmHg
Day 4TH	98.6°F	82/min	19/min	120/80 mmHg
Day 5TH	97.5°F	83/min	20/min	120/80 mmHg

5. Laboratory Investigations

S. NO	Test	Patient value	Normal value	Remarks
1	CBC:			
	Haemoglobin	14.1gm/dl	13-18gm/dl	Normal
	TLC	10,000/cumm	4,500-11000/cumm	Normal
	MCV	91.1fl	75-95fl	Normal
	HCT	41.1%	40-50%	Normal
	WBC	5.87	4-10/cumm	Normal
	LYMPH	24.9%	20-25%	Normal
	NEUT	63.6%	40-75%	Normal
	MONO	7.5%	01-10%	Normal
	EISONO	3.7%	1-6%	Normal
	BASO	0.03%	00-01%	Normal
	PLT	108cumm	140-440/cumm	Decreased
2.	KFT:			
	Urea	18mg/dl	10-50mg/dl	Normal
	Creatinine	1.16mg/dl	0.5-1.5mg/dl	Normal
	CA	9.64	8.50-10.80mg/dl	Normal
	Alb	5.01	3.50-5.20 g/dl	Normal
	BUN	18 mg/dl	6- 20 mg/dl	Normal
3.	Electrolytes: Na+	136mmol/L	135-145mmol/L	Normal
	K+	3.0mmol/L	3.5-5.0mmol/L	Normal
	PH	7.40	7.35-7.45	Neutral
	Pco ₂	38	41-57mmhg	Normal
	HCO ₃	22.9	24-28mmol/l	Normal
	Po ₂	43	35-40mmHg	Normal
4.	Serum Chemistry:	04mg/dl	2.5-8mg/dl	Normal
	Uric acid			
	Calcium	9.64mg/dl	8.6-10.2mg/dl	Normal
	Blood glucose;			
	Fasting	107mg/dl	60-110mg/dl	Normal
5.	Post prandial	116mg/dl	65-140mg/dl	Normal
	LFT:			
	Bil	0.82	0.3-1.0mg/dl	Normal
	ALT (Alanine	21	10-40U/ml	Normal
		125	50-120U/L	Normal
		5.18	6.0-8.0g/dl	Decreased
	aminotransferase)			
	ALP(Alkaline phosphate)			
	Proteins			

6. Specific Investigations

6.1. Triple serology test

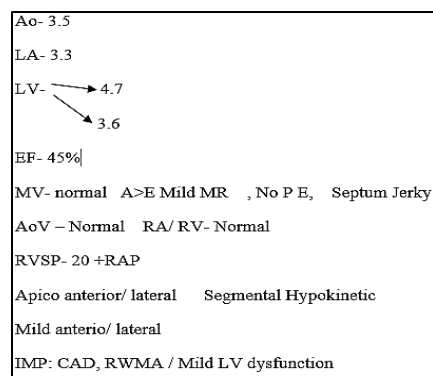
Negative

6.2. ECG

Elevated and widened ST segment

But this was present at the time of admission because of pain after relieving the symptoms / next day there was only minor alterations were seen in the ECG which was not associated with the STEMI.

6.3. ECHO



7. Pharmacological Therapy

Name of the drug	Pharmacological action	Dosa ge	Rou te	Indication	Side effects	Contraindica tion	Nurses responsibility
Tab eospirin	It belongs to a group of medicines called non-steroidal anti-inflammatory drugs. Aspirin thins the blood which helps to reduce the likelihood of having the heart attack	75mg	Oral	Asthma, suffers from allergies, problem with heart, kidneys or liver, dehydrated, nasal polyps, indigestion, infection, high blood pressure, lack of glucose 6-phosphate dehydrogenase, elderly, diabetic	Stomach upset and feeling sick, increased tendency to bleed, anemia and other blood disorders, mouth ulcers, infections, bruise, anemia, diarrhoea, blood in urine, stevens johnson syndrome-fever, rash, sore mouth and eyes, joint and muscle aches, severe skin problem with shedding of upper layer, liver problem	Children aged under 16 years of age, hypersensitivity, stomach ulcers, haemophilia, taking medicines to thin your blood such as warfarin. Have or have had gout, are in the last 3 months of pregnancy, or breast feeding	Check for 10 rights of the client The tablets should be swallowed whole with water. Do not chew or break the tablets. In some circumstances doctor may advise a higher dose of up to four tablets daily. Take the tablet with or immediately after food to reduce the risk of getting stomach and bowel irritation. Do not exceed the stated dose. Explain to client about the various side effects of the drugs. Explain to client if any of the side effect will occur then immediately report to the doctor.
Tab clopidogrel	Clopidogrel tablets contain clopidogrel and belongs to a group of medicines called anti-platelets medicinal products. Platelets are very small structures in the blood, which clump together during blood clotting. By preventing this clumping, antiplatelet medicinal product reduce the chances of blood clots forming	75mg	oral	Artherosclerosis, heart attack, stroke, peripheral arterial disease, myocardial infarction, angina, atrial fibrillation	Bleeding in the stomach or bowels, bruising, haematoma, nose bleed, blood in the urine, diarrhoea, abdominal pain, fever, breathing difficulties, jaundice, cough, generalised allergy, blisters in the skin, decrease in blood	Hypersensitivity, stomach ulcer or bleeding within the brain, severe liver disease, kidney disease, recent serious injury, recent surgery (including dental), planned surgery in the next seven days, pregnancy, breast feeding	Check for 10 rights of the patient. If client forget to take medicine at usual time, but remember within 12 hours if the usual time. If you forgot for more than 12 hours, then simply take the next single dose, do not take the double dose. Explain to client about the various possible side effects of the drug. Advise the client if any of the side effect will occur then immediately

	process called thrombosis)				pressure, confusion, hallucinations, joint pain		report to the doctor.
Tab avas	Avas 40 contains atorvastatin and it selectively inhibits the hepatic enzyme HMG-CoA. As HMG-CoA reductase is responsible for converting HMG-CoA to mevalonate in the cholesterol biosynthesis pathway, and results in the cholesterol biosynthesis pathway, and results in the decrease in hepatic cholesterol and blood lipid levels	40mg	orally	Lower bad cholesterol (LDL) and triglycerides and improve high cholesterol, heart attack, stroke, MI, cerebral thrombosis, angina pectoris, congestive heart diseases	Abdominal pain, loss of appetite, nausea, indigestion, constipation, diarrhoea, flatulence, cardiovascular collapse, coma, acidosis, fever, hyperventilation, muscular pain	Hypersensitivity, active liver diseases, pregnancy and lactation	Check for 10 rights of the client. Avoid taking grapefruit along with this medicine as it causes adverse effects. Explain to client about the various side effects of the drug. Advise the client to immediately report to doctor if any of the side effect will occur.
Inj clexane	This belongs to a group of medicines called low molecular weight heparin. It works in 2 ways: stopping existing blood clots from getting any bigger. This helps body to break them down and stop them causing harm, stopping blood clots forming in blood	0.6ml	IV	Treat blood clots that are in blood, stop blood clots formation	Painful rash of dark red spots under the skin, bleeding a lot from a wound, sudden severe headache, feeling of tenderness and swelling in stomach, allergic reaction, pain swelling or irritation in the area of injection, feeling tired, faint, dizzy, having pale skin, hair loss	Hypersensitivity, allergic to heparin, problem with bruising or bleeding too easily, ulcer in stomach and gut, stroke caused by bleeding in the brain, infection in the heart, pregnancy, breast feeding, kidney diseases, diabetes,	Check for 10 rights of the patient. Make the patient to sit or lie in a comfortable position. Choose an area on the right or left side of the stomach this should be 5 cm away from belly button. To avoid bruising, do not rub the injection site

7.1. Nursing process

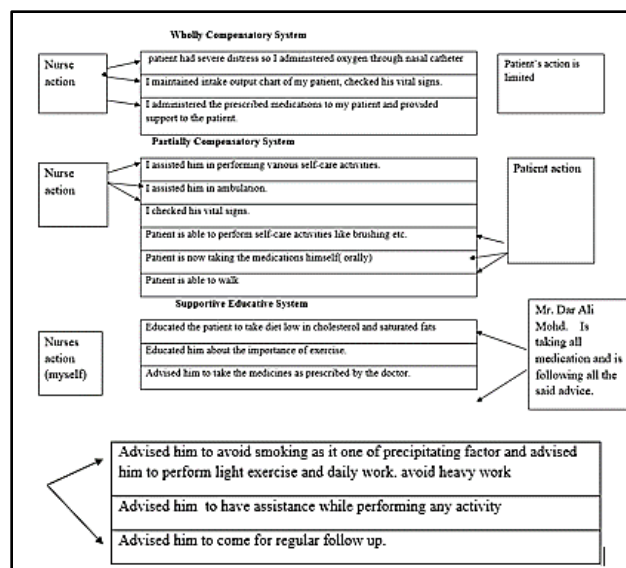
Assessment	Nursing diagnosis	Goal	Nursing intervention	Rationale	Evaluation
Subjective Data: Patient complains that he is having pain the chest	Acute pain related to the disease condition acute coronary syndrome	To reduce pain and promote comfort in the chest	Assess the characteristics of chest pain, duration, location, quality, intensity, presence of radiation, precipitating and alleviating factors and associated manifestations	To obtain base line data for future planning by using the pain scale	Client verbalizes that he is now pain free and his facial expression shows that pain is reduced by using pain scale
Objective Data: patient's facial expression shows that he is having pain			<p>Monitor vitals of the client with each episode of chest pain</p> <p>Obtain an ECG of the client</p> <p>Monitor the response to drug therapy. notify the physician if pain does not abate within 15- 20 minutes</p> <p>Provide care in a calm, efficient manner that reassures the client and minimizes anxiety. Stay with the patient until discomfort is relieved.</p> <p>Administer morphine and nitrates as ordered</p>	<p>Respiration may be increased as a result of pain and associated anxiety. Release of catastress induced catecholamines increases hearst rate and blood pressure</p> <p>It records changes that can give evidence of further cardiac damage and location of myocardial ischemia</p> <p>Pain control is a priority because it indicates ischemia</p> <p>External stimuli may worsen anxiety and cardiac strain and limit coping abilities</p> <p>Nitrates relaxes thye smooth muscles of the coronary blood vessels. Morphine helps in reducing pain</p>	
Subjective Data: Patient complains that he is having pain in the chest	Ineffective tissue perfusion related to altered blood flow to myocardial tissues	To maintain adequate tissue perfusion	Obtain ECG and other baseline diagnostic evaluations	To obtain base line data for future planning	Return of ST segment to normal baseline indicates improvement in tissue perfusion level
Objective Data: Client is having pain and elevated ST segment			Provide comfortable bed and position to the client with adequate bed rest and calm environment	Stress activates the sympathetic nervous sysrtem and increases myocardial oxygen needs	Client says that he is having reduction in pain

			Administer oxygen to the client as ordered	Oxygen increases myocardial supply of oxygen	
			Administer thrombolytics as ordered	Thrombolytic therapy can break apart the thrombus and increase myocardial tissue perfusion	
			Continuously monitor the ECG reading on cardiac monitor	ST segment elevation indicates myocardial tissue injury. ST- segment depression indicates decreased myocardial perfusion	
Subjective Data: Patient complains that he is having giddiness and weakness	Decreased cardiac output related to decreased ejection fraction= 45%	To improve the cardiac output	Monitor the vitals of the client	To obtain base line data as hypertension may be due to pain and anxiety and alteration in other vitals like respiration may be due to release of catecholamine	Improvement in the cardiac output of the client is seen by normal values of ABGs and peripheral perfusion
Objective Data: Client is having decreased ejection fraction			Monitor lung sound for the presence of crackles and rhonchi Administer beta blockers and inotropic agents as per prescription Administer oxygen therapy to client	These may indicates pulmonary congestion related to alteration in myocardial functions Helps in improving the myocardial function and contractility It increases myocardial supply of oxygen	
			Monitor arterial blood gas and peripheral perfusion	Decreased perfusion indicates decreased cardiac output	
Subjective Data: Patient complains that he is having full body weakness and giddiness	Activity intolerance related to weakness and giddiness	Improve ment in the activity level of the client	Monitor the vital signs of the client before and after any activity	To obtain base line data for the future planning	Improvement in the activity level of the client is seen
Objective Data: Client is unable to perform activities of daily living			Make daily activity plan for the client according to his level of tolerance	To improve the activity level of the client	
			Provide adequate rest periods with activity	To avoid exertion and cardiac overload	
			Provide assistance to the client while performing any activity	To reduce the risk of injury	
			Encourage family members to actively participate in the care of the client	To promote the sense of wellbeing among the family members	

Subjective Data: Patient complains that he is not taking food properly as he takes before sickness	Imbalanced nutrition less than body requirement related to decreased appetite	To maintain the nutritional level of the client	Assess the nutritional status of the client	To obtain base line data for further planning	Slight improvement in the nutritional status of the client is seen
Objective Data					
Reduction in the weight of the client is seen as per patient verbalization			Explain the client about disease condition and various life style modifications	Helps in adaptation with new dietary pattern and it also relieves anxiety	
			Assist the client in identifying the risk factors	This helps to assume control over wrong personal habits like smoking and active participation in the treatment regimen	
			Advise the client to take diet low in cholesterol and saturated fats	This helps in improving health status of the client	
			Advise the client to take semi- liquid diet with small and frequent intervals	To improve the cardiac	
				functioning and decrease workload	

8. Application of Nursing Theory

I have selected Orem's Nursing System theory for application of nursing process on my patient with Myocardial infarction. The focus of Orem's model of nursing is to enhance the patient's ability for self-care and extend their ability to care for their dependents. A person's self-care deficit is the result of their environment. Three systems exist within this model: The Wholly Compensatory-in which the nurse provides the total care; The partially compensatory-in which the patient and nurse share responsibility for care; and supportive educative- in which the patient has the primary responsibility for personal health, with the nurse acting as a consultant. I have selected all the three systems for my patient because for some activities he was totally dependent on the nurse.²



9. Health Education/ Discharge Teaching

As a preparation for discharge the patient was educated on various aspects of care like:

9.1. Diet

1. Modify mealsto align with the therapeutic life style changes (TLC) or the dietary approaches to stopping hypertension (DASH) diet.
2. Develop heart healthy eating patterns and avoid large meals and hurrying while eating

3. Instruct client to consume low salt, high protein diet In order to provide the necessary energy for various functions.
4. Advise him to consume high fiber diet as it helps in digestion and relieves constipation.
5. Advise him to take the diet which is prescribed to him by his dietician low cholesterol and saturated fat.
6. Client is advised to avoid smoking as it worsens the condition.³

9.1. Hygiene

1. Emphasize the importance of bathing every day. Proper bathing eliminates proliferation of germs and microbes.
2. Advise him about the importance of hand washing before eating and after going to bath room.
3. Instruct him to maintain good oral hygiene to prevent dryness of mouth.
4. Instruct him to wear neat and clean clothes.
5. Instruct him to maintain general hygiene of body.⁴⁻⁸

9.2. Exercise

1. Explain her about the significance of regular exercise. If the patient can't perform exercises himself instruct the family members to do passive exercises to the client.
2. Instruct him to break the complex exercises into small steps and perform them one by one.
3. Instruct him to perform deep breathing exercises as it strengthens the respiratory muscles.
4. Exercise reduces the stress as well and hence the blood pressure is also reduced.
5. Advise the patient to maintain healthy life style.
6. Client is advised to not perform exertional activities as it worsen the condition.
7. Client is advised to perform the activities with adequate intervals of rest.^{9,10}

9.3. Treatment

1. Instruct the client to continue the treatment in order to control his disease.
2. Instruct him to report if any complication occurs.
3. Advise him to take the prescribed medicines.
4. Inform him to come for regular follow up in order to know his progress.
5. Advise him to do the said tests as advised by his doctor.

9.4. Follow up

Explained The Importance of Follow Up To Patient and His Attendants regarding

1. Periodic blood laboratory testing and ECG
2. Adherence to dietary restrictions and prescribed medications

3. Periodic check-up of health care provider.

10. Source of Funding

None.

11. Conflict of Interest

None.

References

1. Smeltzer, Suzanne C. Bare, Brenda Hinkle, Janice. Brunner and Suddarth's: Textbook of medical surgical nursing. 11th edition. Vol 2. New Delhi: Lippincott Williams and Wilkins, 2008. p. 1085-2000
2. Black, Joyce Hawks, Jane Hokanson. Medical surgical nursing, edition 8th, Saunders Elsevier .2008, p.1040
3. BT Basvanthappa medical surgical nursing. edition 2nd New Delhi 2009s: page no. 607
4. Ben Greenstein, Clinical pharmacology for nurses, edition 17th Philadelphia 2004: page 1567
5. Singh A, Museedi AS, Grossman SA. Acute Coronary Syndrome. In: Stat Pearls. Treasure Island (FL): StatPearls Publishing; 2025. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459157/>
6. Kumar A, Cannon CP. Acute coronary syndromes: diagnosis and management, part I. *Mayo Clin Proc.* 2009;84(10):917-38. <https://doi.org/10.4065/84.10.917>.
7. Mir J, Bushra. Clinical Case Report on Bipolar Affective Disorder. *J Paediatr Nurs Sci.* 2022;8(1):10–4. <https://doi.org/10.18231/j.ijpns.2022.007>
8. Mir J, Mushtaq B, Mushtaq OA. Mental illness vs mental retardation. *Int J Med Paediatr Oncol.* 2022;8(1):10–4. <https://doi.org/10.18231/j.ijmpo.2022.003>.
9. Mushtaq B. Process Recording, a way of Therapeutic Communication Between a Nurse and Client with Psychiatric Illness. *J Counselling Fam Thera.* 2020;1(1):1–4.
10. Mir J, Mushtaq B. Crisis as psychiatric emergency and Role of psychiatric nurse. *JONA J Nurs Adminis.* 2018;1(2):6.

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