**CASE STUDY**

Linda 71 y/o female admitted to the cardiac ward following an episode of Unstable Angina.  During hospitalization her EKG showed STEMI which led her to undergo a PCI

**Initial assessment**

Diaphoresis

Dyspnea

Lethargy

BP 92/50

RR 27

Oxygen Sat 85%

HR 112

**Labs was drawn**

NA 139

K 5.5

All the rest was WNL

Troponin 6.0

**Medications**

Nitroglycerin 0.5mg SL

Morphine 1mg IV prn pain

Norvasc 10 mg po daily

Simvastatin 20 mg daily

Please use this information of patient to come up with a care plan. Attached with this Case Study is the paperwork to fill and write the care plan with in-text citations and references.