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| **ALLIANCE FOR SANDCONDARY CARDIOVASCULAR PREVENTION IN EMILIA ROMAGNA** **MULTIDIMENSIONAL NURSING FORM (MNF)** |
| PERSONAL DATA |
| **Patient ID**  (CRF serial number): |
| **Randomisation date** (day/month/year): |
| **Name and surname**: |
| **Gender**: Male [ ] Female [ ] Other [ ]  |
| **Date of birth**: |
| **Education**: Primary school [ ] Secondary school [ ] High school [ ] University [ ]  |
| **Marital Status**: Married [ ] Separated/Divorced [ ] Single [ ] Partnered [ ] Widowed [ ]  |
| **Living status: Living alone [ ] Living with self–insufficient person(s) [ ]** Living with self–sufficient person(s) [ ]  |
| **Cardiovascular health**: First event [ ] Not first event [ ] Episode No. [ ]  |

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| ENROLMENT CENTRE |
| A) Parma [ ] B) Piacenza [ ] C) Fidenza [ ] D) Guastalla [ ] E) Carpi [ ] F) Reggio Emilia [ ] |

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| Pre-discharge: No. 1 (hospitalisation) Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ Location: Hospital [ ] Nurse:\_\_\_\_\_\_\_\_\_­­ |
| **Post-discharge:** No.2 (1 month +10 days) **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ **Location:**  Hospital [ ] ; Elsewhere [ ] **Nurse**:\_\_\_\_\_\_\_­­ |
|  No.3 (3 months +15 days)  **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ **Location:** Hospital [ ] ; Elsewhere [ ]  **Nurse**:\_\_\_\_\_\_\_­­ |
|  No.4 (6 months +15 days)  **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ **Location:** Hospital [ ] ; Elsewhere [ ] **Nurse**:\_\_\_\_\_\_\_­­ |
|  No.5 (12 months +15 days) **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ **Location:** Hospital [ ] ; Elsewhere [ ] **Nurse**:\_\_\_\_\_\_\_­­ |
|  No.6 (18 months +15 days) **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ **Location:** Hospital [ ] ; Elsewhere [ ] **Nurse**:\_\_\_\_\_\_\_­­ |
|  No.7 (24 months +15 days) **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ **Location:** Hospital [ ] ; Elsewhere [ ] **Nurse**:\_\_\_\_\_\_\_­­ |
|  No.8 (36 months +15 days) **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ **Location:** Hospital [ ] ; Elsewhere [ ] **Nurse**:\_\_\_\_\_\_\_­­ |
|  No.9 (48 months +15 days) **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ **Location:** Hospital [ ] ; Elsewhere [ ] **Nurse**:\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_ |

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| **Anti-smoking centre appointments** | **Diabetology appointments** | **Psychology Clinic appointments** |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ |
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| **Dietetic appointments** | **Hypertension Clinic appointments** | **Other appointments \_\_\_\_\_\_\_\_\_\_** |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ |
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# ALLIANCE FOR SECONDARY CARDIOVASCULAR PREVENTION IN EMILIA ROMAGNA

**MULTIDIMENSIONAL NURSING FORM (MNF)**

**INTERVIEW No. 1**

**PRE-DISCHARGE**

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| **AREA A: CLASSIC CARDIOVASCULAR RISK FACTORS - INTERVIEW No.1** **(PRE-DISCHARGE)** |
| **Nursing assessment** | **Nursing diagnosis** | Therapeutic goal | **A (1)** | **M (2)** | **Nursing interventions** |
| **DIABETES**No [ ] Yes [ ] | If yes: New diagnosis? No [ ] Yes [ ] HbA1c \_\_\_\_\_\_\_\_% | Risk of new cardiovascular events related to diabetes [ ] | **<6.5%** | [ ] | [ ] | Activation of the Diabetes Centre for patient management. Nutrition and physical activity education.Education: controlling other cardiovascular risk factors. Ensure functional/adaptive involvement of caregivers during educational interventions. Use **patient booklet** during educational interventions. |
| **ARTERIAL HYPERTENSION**No [ ] Yes [ ] | (3) Value\_\_\_\_\_\_\_\_\_\_\_mmHg  | Risk of new cardiovascular events related to arterial hypertension [ ] | **<130/80 mmHg** | [ ] | [ ] | Education: self-measuring blood pressure. Nutrition and physical activity education. Ensure functional/adaptive involvement of caregivers during educational interventions. Use **patient booklet** during educational interventions.  |
| **SMOKING** No [ ] Yes [ ] |  | Risk of new cardiovascular events related to smoking [ ] | **Total abstention** | [ ] | [ ] | Health education in preparation for discharge. Actively involve caregivers during educational interventions. Use **patient booklet** during educational interventions.Use of "5 A" and "5 R" (see narrative nursing assessment area). |
| **DYSLIPIDEMIA**No [ ] Yes [ ] | If yes:New diagnosis? No [ ] Yes [ ] LDL \_\_\_\_\_\_mg/dl  | Risk of new cardiovascular events related to dyslipidemia [ ] | **<70 mg/dL** | [ ] | [ ] | Nutrition and physical activity education.Ensure functional/adaptive involvement of caregivers during educational interventions.Use of **patient booklet** during educational interventions. |
| **OBESITY**No [ ] Yes [ ] | Weight =\_\_\_\_\_\_\_\_kg Height =\_\_\_\_\_\_\_\_m BMI =\_\_\_\_\_\_\_kg/m2 (see chart) | Risk of new cardiovascular events related to obesity [ ] | **BMI****18-24,9** | [ ] | [ ] | Nutrition and physical activity education.Education to control other cardiovascular risk factors.Ensure functional/adaptive involvement of caregivers during educational interventions.Use **patient booklet** during educational interventions. |

(1) Goal to reach; (2) Goal to maintain; (3) Measure three times consecutively and record the third measurement (always measure both right and left arm blood pressure: if the values are different, record the highest)..

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| **AREA B: ADDITIVE CARDIOVASCULAR RISK FACTORS - INTERVIEW No. 1**  **(PRE-DISCHARGE)**  |
| **Nursing assessment** | Nursing diagnosis | Therapeutic goal | **A** | **M** | **Nursing interventions** |
| **Integrate with "Narrative Nursing" AREA E** |
| **PHYSICAL ACTIVITY**  No [ ] Yes [ ] | If no, physical disability? No [ ] Yes [ ] If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_  | Ineffective health maintenance related to physical activity [ ] | **At least 30 mins/day five times/week** | [ ] | [ ] | Physical activity education for patient.Encourage active involvement of caregivers.Use **patient booklet** during educational interventions. |
| **DIET**(a) Fruit No [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fruit intake[ ] | **At least five servings/day of fruit and vegetables** | [ ] | [ ] | Physical activity education for patient.Encourage active involvement of caregivers.Use **patient booklet** during educational interventions. |
| DIET(b) VegetablesNo [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to vegetable intake [ ] | [ ] | [ ] | Physical activity education for patient.Encourage active involvement of caregivers.Use **patient booklet** during educational interventions. |
| DIET(c) Fish No [ ] Yes [ ] | No. of times/week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fish intake [ ] | **At least twice a week** | [ ] | [ ] | Physical activity education for patient.Encourage active involvement of caregivers.Use **patient booklet** during educational interventions. |
| **ALCOHOL** No [ ] Yes [ ] |  No. of drinks/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to alcohol**:**[ ] | **Max one drink/day****(1 small beer or 1 glass of wine)** | [ ] | [ ] | Physical activity education for patient.Encourage active involvement of caregivers.Use **patient booklet** during educational interventions. |

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| **AREA C: ADDITIVE PSYCHO-SOCIAL CARDIOVASCULAR RISK FACTORS - INTERVIEW No.1 (PRE-DISCHARGE)** |
| **Nursing assessment** | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing interventions** |
| **Integrate with narrative nursing (Area E)** |
| ANXIETY No [ ] Yes [ ] | Score (1): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] | Actively listen to patient.Help patient express his/her thoughts and feelings by adopting a non-judgemental attitude. Be empathic.Help patient identify situations that may cause anxiety.Identify unconstructive coping styles of managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Encourage active involvement of caregivers.Establish diversionary activities with patient and/or caregivers  |
| DEPRESSIONNo [ ] Yes [ ] | Score (2): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]   | **No/low risk****0-4** | [ ] | [ ] |
| **ANGER/HOSTILITY** No [ ] Yes [ ] | Score (3): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] |
| **PERSONALITY TYPE "A"**No [ ] Yes [ ] | Score (4): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]   | **No/low risk****0-4** | [ ] | [ ] | Help patient identify situations that may provoke a need for competition and social confirmation, a sense of urgency, impatience, or hyper-activism.Identify unconstructive coping styles of managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts Identify any maladjustment to social and occupational reality, or the absence of personal interests.Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources – if possible with the active involvement of caregivers.  |
| **PERSONALITY TYPE "D"**No [ ] Yes [ ] | Score (5): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]  | **No/low risk****0-4** |   [ ] |   [ ] | Help patient identify situations that may cause states of negative affectivity and social inhibition. Identify non-constructive coping styles of managing stressful situations.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources – if possible with the active involvement of caregivers..  |
| **SELF-EFFICACY**No [ ] Yes [ ] | (6 Items)Score (6): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk****9-12** |  [ ] |  [ ] | Help patient increase awareness of his/her abilities, strengths and resources for dealing with difficult situations. Co-define small objectives to be reached by negotiating and sharing the final goal. Identify areas in which self-efficacy is perceived as being better or worse.Help patient increase self-confidence. Encourage patient to cope with changes. Reinforce implemented changes, however small they may be. Encourage active involvement of caregivers. |
| **SOCIAL SUPPORT**No [ ] Yes [ ]Specify person(s) by whom you feel supported\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (6 Items) Score (7):\_\_\_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk****6-8** | [ ] |  [ ] | Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Evaluate the extent breadth of patient’s social network (how many people, their roles)Assess the patient’s perception of the importance of social support. Evaluate the nature of the desired social support (informative, affective, instrumental, moral).Agree and plan moments of social interaction with patient.Actively involve caregivers and other supportive person(s). |
| **OTHER (8)** No [ ] Yes [ ] | Specify:\_\_\_\_\_\_\_\_\_\_\_ |  |  |  [ ] |  [ ] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

COMPLETE TABLE USING DATA EMERGING FROM PATIENT QUESTIONNAIRES

 (1) Anxiety scores (Q 1, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(2) Depression:scores (Q 1, item 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(3) Anger/hostility scores (Q.1, items 13-18): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(4) Type A personality scores (Q2, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(5) Type D personality scores (Q 2, items 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low

#### From the second interview, if anxiety, depression, anger/hostility or personality A or D scores are 9-12 refer to psychologist

(6) Self-efficacy scores (Q.2, items 13-18): 0-4 = high risk; 5-8 = moderate risk; 9-12 = low risk

(7) Social support scores (Q 3): 0-2 = high risk, 3-5 = moderate risk; 6-8 = low risk

(8) Specify any other issues emerging from Area E Narrative nursing assessment (e.g. fear of the future, fear of dying, denial of illness)

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| **AREA D: PHARMACOLOGICAL ADHERENCE – INTERVIEW No.1 (PRE-DISCHARGE)** |
| Nursing assessment | **Nursing****diagnosis** | Objective | **A** | **M** | **Nursing interventions** |
| **Integrate with****narrative nursing (Area E)** | **Treatment adherence scale****1) Have you forgotten to take your medication in the last month**?**2)** Are you indifferent to the times you take your medication? **3)** When you feel better, do you sometimes stop taking your medication?**4)** When you feel worse, do you sometimes stop taking your medication?  |
| **Has been taking home treatment** for more than 30 daysNo [ ] Yes [ ]  | If yes: Administer treatment adherence scale  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_ TOTAL \_\_\_\_\_\_\_\_\_\_ | Risk of non-adherence(scale <3)[ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] | Pharmacological education for patient.Give information about possible alterations/adverse events of drugs based on the type of patient.Identify with patient the most effective drug management strategies.Use patient N.II booklet.Use "teach back" technique with corrective feedback. Encourage functional/adaptive involvement of caregivers. |
| **MEDICATIONS PRESCRIBED UPON DISCHARGE:** |
| Cardioaspirin: No [ ] Yes [ ] | *Administer scale from second interview* | Risk of non-adherence to medicataonassociated  with insufficient information/ **Intentional factors****[x]**(assigned by default) | ***Understanding drug therapy:***The patient should know the type, action, dose, timing of administration, and duration of treatment. | [ ] | [ ] |
| Antiplatelet agent: No [ ] Yes [ ] | [ ] | [ ] |
|  ACE inhibitor/sartan: No [ ] Yes [ ] | [ ] | [ ] |
|  **Statin:** No [ ] Yes [ ]  | [ ] | [ ] |
| **Beta blocker:**  No [ ] Yes [ ]  | [ ] | [ ] |
| **Antidepressant:** No [ ] Yes [ ]  |  |
| **Anxiolytic:**  No [ ] Yes [ ]  |

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| **AREA D: PHARMACOLOGICAL ADHERENCE - INTERVIEW No.1 (PRE-DISCHARGE)** |
| **Integrate with****narrative nursing (Area E)** |  | **Nursing****diagnosis** | Objective | **A** | **M** | **Nursing interventions** |
| Intentional factors(area of disbelief and irrationality ) No [ ] Yes [ **]**  | **Specify:** **Rejection of disease [ ]** **Treatment refusal [ ] Misconceptions about drugs [ ]** **Patient is caregiver [ ]** **Excessive investment in work [ ]** **Excessive household load [ ]** **Other**\_\_\_\_\_ |  | Risk of non-adherence to drug regimen related to intentional factors:[ ] | ***Acceptance of disease and drug treatment***The patient should declare that he/she understands the importance of taking medication and is aware of the severity and chronicity of the disease | [ ] | [ ] | Show empathy with patient’s reaction to the disease (fear, amazement, disbelief, anger, sadness).Help patient become aware of their illness. Highlight irrational thoughts ("I'll never make it") and encourage adaptive thoughts ("I'll make it").Plan changes in small steps negotiated with patient. Establish a relationship of trust and mutual responsibility.Encourage functional/adaptive involvement of caregivers. |
| Unintentional factors(area of forgetfulness) No [ ] Yes [ ]  | **Specify:** **Advanced age [ ]** **Memory deficit [ ]** **Unfavourable socio-economic context [ ]****Other\_\_\_\_\_\_\_** |  | Risk of non-adherence to drug regimen related to unintentional factors[ ] | ***Importance of remembering drug therapy:***The patient should declare that he/she understands thimportance of taking medication and remembering the number, dose, times of taking medication using a specific means | [ ] | [ ] | Give information about self-monitoring (diaries, calendars, reminders, pill counter etc.) Try to establish the best way of adapting patient’s lifestyle to expected changes Use "teach back" technique.Establish a relationship of trust and mutual responsibility.Ensure involvement of caregivers. |

1) Scale scores: 0 for every positive answer; 1 for every negative answer. Totals: 1-2 = low adherence; 3-4= high adherence.

**When completing fields, ask yourself: Is there insufficient pharmacological information? Is there one or more factors of disbelief/irrationality? Forgetfulness?**

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|  **AREA E:**  **NARRATIVE NURSING ASSESSMENT - INTERVIEW No. 1 (PRE-DISCHARGE)** |
| **INVESTIGATED AREA** | **INTERVIEW** | **KEY WORDS** | **STRINGS****(***summarise patient narratives by referring to relevant key words****)*** |
| **History of illness** | Tell me a little about yourself... When did your problem begin? | Perception of the experience of illness. Meaning attributed to the disease. Future evolution of life and disease (real/perceived threat to well-being).  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Adherence to treatment regimen** | Can you explain how you will behave when you go home? | Understanding the nature of prescribed behavioural changes (e.g. quitting smoking, controlling diet and exercise). Understanding the number, dose, and times of taking prescribed medications. Understanding the importance of lifestyle changes and medication intake. Understanding the risks associated with lack of adherence. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What are the biggest difficulties you think you will have in relation to the changes induced by the disease and therapeutic prescriptions? | **(Intentional factors)**Misconceptions that drugs are ineffective or toxic. Misconceptions about the disease. Perception of not having resources to manage changes (e.g.. quitting smoking/eating correctly/exercising). Patient is caregives Excessive work investment. Excessive family/household burden Emotional response to illness (e.g. rejection, disbelief). Emotional response to therapy (e.g. limiting, unnecessary).  **(Unintentional factors)** Cognitive deficits (forgetfulness). Unfavourable socio-economic context (e.g. poverty). | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Coping strategies** | What mental and behavioural strategies can use to deal with the disease and therapy? | Acceptance/resignation. Avoidance/denial. Active confrontation. Positive attitude. Transcendent orientation. Search for social support | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# ALLIANCE FOR SECONDARY CARDIOVASCULAR PREVENTION IN EMILIA ROMAGNA

**MULTIDIMENSIONAL NURSING FORM (MNF)**

**INTERVIEW No. 2**

**(1 MONTH +10 DAYS)**

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| **AREA A: CLASSIC CARDIOVASCULAR RISK FACTORS - INTERVIEW No.2****(1 month +10 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Therapeutic goal | **A (1)** | **M (2)** | **Nursing interventions** |
| **DIABETES**No [ ] Yes [ ] | If yes: New diagnosis? No [ ] Yes [ ] HbA1c \_\_\_\_\_\_\_\_% | Risk of new cardiovascular events related to diabetes[ ] | **<6.5%** | [ ] | [ ] | Ensure that patient is in the care of the diabetes centre.Nutrition and physical activity education.Education; controlling other cardiovascular risk factors. Encourage functional/adaptive involvement of caregivers during educational interventions and use **patient booklet Invite patient to undergo HbA1c testing before next interview.** |
| **ARTERIAL HYPERTENSION**No [ ] Yes [ ] | (3) Value\_\_\_\_\_\_\_\_\_\_\_mmHg  | Risk of new cardiovascular events related to arterial hypertension [ ] | **<130/80 mmHg** | [ ] | [ ] | Education: self-measuring blood pressure. Nutrition and physical activity education. Encourage functional/adaptive involvement of caregivers during educational interventions. Use **patient booklet** during educational interventions.**Refer patient to his/her GP /cardiologist if BP uncontrolled (see values recorded in patient diary).** |
| **SMOKING** No [ ] Yes [ ] |  | Risk of new cardiovascular events related to smoking**:**[ ] | **Total abstention** | [ ] | [ ] | Encourage active involvement of caregivers during educational intervention. Use **patient booklet** during educational interventions.Use "5 A" and "5 R" (see narrative nursing assessment area).**After negotiating it with patient, refer patient to Anti-smoking Centre if goal not reached.** |
| **DYSLIPIDEMIA**No [ ] Yes [ ] | LDL \_\_\_\_\_\_mg/dL  | Risk of new cardiovascular events related to dyslipidemia**:**[ ] | **<70 mg/dL** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use **patient booklet** during educational interventions.**Invite patient to undergo LDL training before next interview.** |
| **OBESITY**No [ ] Yes [ ] | Weight =\_\_\_\_\_\_\_\_kg Height =\_\_\_\_\_\_\_\_m BMI =\_\_\_\_\_\_\_kg/m2 (see chart) | Risk of new cardiovascular events related to obesity **:**[ ] | **BMI****18-24,9** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use **patient booklet** during educational interventions.**Refer patient to obesity centre if BMI >30 or unchanged from 25-29** |

(1) Goal to reach; (2) Goal to maintain; (3) Measure three times consecutively and record the third measurement (always measure both right and left arm blood pressure: if the values are different, record the highest).

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| **AREA B: ADDITIVE CARDIOVASCULAR RISK FACTORS - INTERVIEW No.2** **(1 month +10 days)** |
| **Nursing assessment** | Nursing diagnosis | Therapeutic goal | **A** | **M** | **Nursing interventions** |
| **Integrate with narrative nursing (Area E)** |
| **PHYSICAL ACTIVITY**  No [ ] Yes [ ] | If no:Physical disability? No [ ] Yes [ ] If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_  | Ineffective health maintenance related to physical activity[ ] | **At least 30 mins/day five5 times/week** | [ ] | [ ] | Reinforce physical activity education.Help patient recognise even small successes.Encourage active involvement of caregivers.Use **patient booklet** during educational interventions. |
| **DIET**(a) Fruit No [ ] Yes [ ] | No of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fruit intake[ ] | **At least five servings/day of fruit and vegetables** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| DIET(b) VegetablesNo [ ] Yes [ ] | No of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to vegetable intake[ ] | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| DIET(c) Fish No [ ] Yes [ ] | No of times/week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fish intake[ ] | **At least twice a week** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| **ALCOHOL** No [ ] Yes [ ] |  No. of drinks/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to alcohol[ ] | **Max one drink/day****(1 small beer or 1 glass of wine)** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |

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| **AREA C: ADDITIVE PSYCHO-SOCIAL CARDIOVASCULAR RISK FACTORS - INTERVIEW No.2** **(1 month +10 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| **Integrate with narrative nursing (Area E)** |
| ANXIETY No [ ] Yes [ ] | Score (1): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] | Actively listen to patient.Help patient express his/her thoughts and feelings by adopting a non-judgmental attitude. Be empathic.Help patient identify situations that could cause anxiety.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Encourage active involvement of caregivers.Establish diversionary activities with patient and/or caregivers  |
| DEPRESSIONNo [ ] Yes [ ] | Score (2): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]   | **No/low risk 0-4** | [ ] | [ ] |
| **ANGER/HOSTILITY** No [ ] Yes [ ] | Score (3): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk 0-4** | [ ] | [ ] |
| **PERSONALITY TYPE "A"**No [ ] Yes [ ] | Score (4): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]   | **No/low risk 0-4** | [ ] | [ ] | Help patient identify situations that could provoke a need for competition and social confirmation, a sense of urgency, impatience and/or hyper-activism.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources - if possible with active involvement of caregivers.  |
| **PERSONALITY TYPE "D"**No [ ] Yes [ ] | Score (5): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]  | **No/low risk 0-4** |   [ ] |   [ ] | Help patient identify situations that could give rise to negative affectivity and social inhibition. Identify non-constructive coping styles in managing stressful situations.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources – if possible with involvement of caregivers.  |
| **SELF-EFFICACY**No [ ] Yes [ ] | (6 Items)Score (6): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk** **9-12** |  [ ] |  [ ] | Help patient to increase awareness of his/her abilities, strengths and resources for dealing with difficult situations. Co-define small objectives to be reached by negotiating and sharing the final goal. Identify areas in which self-efficacy is perceived as being better or worse.Help patient increase self-confidence. Encourage patient to cope with changes. Reinforce implemented changes, however small they may be. Encourage active involvement of caregivers. |
| **SOCIAL SUPPORT**No [ ] Yes [ ]Specify person(s) by whom you feel supported\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (6 Items) Score (7):\_\_\_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk****6-8** | [ ] |  [ ] | Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Evaluate the breadth of social network (how many people, their roles)Assess patient’s perception of the importance of social support. Evaluate nature of desired social support (informative, affective, instrumental, moral).Agree and plan moments of social interaction with patient.Actively involve caregivers and other supportive person(s). |
| **OTHER (8)** No [ ] Yes [ ] | Specify:\_\_\_\_\_\_\_\_\_\_\_ |  |  |  [ ] |  [ ] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

COMPLETE TABLE USING DATA EMERGING FROM PATIENT QUESTIONNAIRES

 (1) Anxiety scores (Q 1, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(2) Depression:scores (Q 1, item 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(3) Anger/hostility scores (Q.1, items 13-18): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(4) Type A personality scores (Q2, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(5) Type D personality scores (Q 2, items 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low

#### From the second interview, if anxiety, depression, anger/hostility or personality A or D scores are 9-12 refer to psychologist

(6) Self-efficacy scores (Q.2, items 13-18): 0-4 = high risk; 5-8 = moderate risk; 9-12 = low risk

(7) Social support scores (Q 3): 0-2 = high risk, 3-5 = moderate risk; 6-8 = low risk

(8) Specify any other issues emerging from Area E Narrative nursing assessment (e.g. fear of the future, fear of dying, denial of illness)

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| **AREA D: PHARMACOLOGICAL ADHERENCE - INTERVIEW No. 1 (1 months +15 days)** |
| Nursing assessment | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| **Integrate with****narrative ursing (Area E)** | **Treatment adherence scale****1) Have you forgotten to take your medication in the last month**?**2)** Are you indifferent to the times you take your medications? **3)** When you feel better, do you sometimes stop taking your medications?**4)** When you feel worse, do you sometimes stop taking your medications? |
| Correctly taken: |  | Pharmacological education for patient.Give information about possible alterations/adverse events of drugs based on the type of patient.Identify with patient the most effective drug management strategies.Use patient N.II booklet.Use "teach back" technique with corrective feedback. Encourage functional/adaptive involvement of caregivers. |
| Cardioaspirin: No [ ] Yes [ ]  | **Intentional factors**Area of insufficient pharmacological information  No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| Antiplatelet agent: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  ACE inhibitor/sartan: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Statin:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Beta blocker:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| **Antidepressant:** No [ ] Yes [ ]  |  |  |
| **Anxiolytic:** No [ ] Yes [ ]  |  |

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| **AREA D: PHARMACOLOGICAL ADHERENCE - INTERVIEW No.2 (1 month +10 days)** |
| **Integrate with****narrative nursing (Area E)** |  | **Nursing****diagnosis** | Objective | **A** | **M** | **Nursing interventions** |
| Intentional factorsArea of disbelief and irrationality No [ ] Yes [ **]**  | **Specify:** **Rejection of disease [ ]** **Treatment refusal [ ] Misconceptions about drugs [ ]** **Patient is caregiver [ ]** **Excessive investment in work [ ]** **Excessive household load [ ]** **Other**\_\_\_\_\_ |  | Risk of non-adherence to drug regimen related to intentional factors:[ ] | ***Acceptance of disease and drug treatment***The patient should declare that he/she understands the importance of taking medication and is aware of the severity and chronicity of the disease | [ ] | [ ] | Show empathy with patient’s reaction to the disease (fear, amazement, disbelief, anger, sadness).Help patient become aware of their illness. Highlight irrational thoughts ("I'll never make it") and encourage adaptive thoughts ("I'll make it").Plan changes in small steps negotiated with patient. Establish a relationship of trust and mutual responsibility.Encourage functional/adaptive involvement of caregivers. |
| Unintentional factorsArea of forgetfulness No [ ] Yes [ ]  | **Specify:** **Advanced age [ ]** **Memory deficit [ ]** **Unfavourable socio-economic context [ ]****More\_\_\_\_\_\_\_** |  | Risk of non-adherence to drug regimen related to unintentional factors:[ ] | ***Importance of remembering drug therapy:***The patient should declare that he/she understands thimportance of taking medication and remembering the number, dose, times of taking medication using a specific means | [ ] | [ ] | Give information about self-monitoring (diaries, calendars, reminders, pill counter etc.) Try to establish the best way of adapting patient’s lifestyle to expected changes Use "teach back" technique.Establish a relationship of trust and mutual responsibility.Ensure involvement of caregivers. |

1) Scale scores: 0 for every positive answer; 1 for every negative answer. Totals: 1-2 = low adherence; 3-4= high adherence.

**When completing fields, ask yourself: Is there insufficient pharmacological information? Is there one or more factors of disbelief/irrationality? Forgetfulness?**

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| **AREA E: NARRATIVE NURSING ASSESSMENT - INTERVIEW No.2 (1 month +10 days)** |
| **INVESTIGATED AREA** | **INTERVIEW** | **KEY WORDS** | **STRINGS****(***summarise patient narratives by referring to relevant key words****)***  |
| **Adherence to the treatment regimen (difficulty)** | Have you encountered any difficulties in taking the prescribed drugs? Which one(s) in particular? Would you care to tell me about it? | Perception of severity of health status.Sense of helplessness and lack of self-efficacy.Distrust in treatment regimen. Distrust in healthcare providers. Living limitations due to medication. Complexity of medication regimen. Cost of medications. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lifestyle changes (difficulties)** | Have you encountered any difficulties in coping with the planned lifestyle changes (e.g. . smoking, physical activity, diet)? Would you care to tell me about it? | Negative perception of personal resources, skills/abilities, and self-efficacy. , Lack of social support. Patient's caregivers. Excessive job investment. Excessive family burden. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Coping strategies** | In general, how are you coping with disease-induced changes? What mental and behavioural strategies are you using? | Acceptance/rejection. Avoidance/denial. Active coping. Positive attitude. Transcendental orientation. Seeking social support. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ALLIANCE FOR SECONDARY CARDIOVASCULAR PREVENTION IN EMILIA ROMAGNA**

**MULTIDIMENSIONAL NURSING FORM (MNF)**

**INTERVIEW No. 3**

**(3 MONTHS +15 DAYS)**

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| **AREA A:**  **CLASSIC CARDIOVASCULAR RISK FACTORS - INTERVIEW No. 3****(3 months +15 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Therapeutic goal | **A (1)** | **M (2)** | **Nursing interventions** |
| **DIABETES**No [ ] Yes [ ] | If yes: New diagnosis? No [ ] Yes [ ] HbA1c \_\_\_\_\_\_\_\_% | Risk of new cardiovascular events related to diabetes**:**[ ] | **<6.5%** | [ ] | [ ] | Ensure that patient is in the care of diabetes centre.Nutrition and physical activity education.Education; controlling other cardiovascular risk factors. Encourage functional/adaptive involvement of caregivers during educational interventions and use **patient booklet Invite patient to undergo HbA1c testing before next interview.** |
| **ARTERIAL HYPERTENSION**No [ ] Yes [ ] | (3) Value\_\_\_\_\_\_\_\_\_\_\_mmHg  | Risk of new cardiovascular events related to arterial hypertension**:**[ ] | **<130/80 mmHg** | [ ] | [ ] | Education: self-measuring blood pressure. Nutrition and physical activity education. Encourage functional/adaptive involvement of caregivers during educational interventions. Use **patient booklet** during educational interventions.**Refer patient to his/her GP /cardiologist if BP uncontrolled (see values recorded in patient diary).** |
| **SMOKING** No [ ] Yes [ ] |  | Risk of new cardiovascular events related to smoking**:**[ ] | **Total abstention** | [ ] | [ ] | Encourage active involvement of caregivers during educational intervention. Use **patient booklet** during educational interventions.Use "5 A" and "5 R" (see narrative nursing assessment area).**After negotiating it with patient, refer patient to Anti-smoking Centre if goal not reached.** |
| **DYSLIPIDEMIA**No [ ] Yes [ ] | LDL \_\_\_\_\_\_mg/dL  | Risk of new cardiovascular events related to dyslipidemis**:**[ ] | **<70 mg/dL** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use of the **patient booklet** during educational interventions.**Invite the patient to undergo LDL training before the next interview.** |
| **OBESITY**No [ ] Yes [ ] | Weight =\_\_\_\_\_\_\_\_kg Height =\_\_\_\_\_\_\_\_m BMI =\_\_\_\_\_\_\_kg/m2 (see chart) | Risk of new cardiovascular events related to obesity**:**[ ] | **BMI****18-24,9** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use **patient booklet** during educational interventions.**Refer patient to obesity centre if BMI >30 or unchanged from 25-29** |

(1) Goal to reach; (2) Goal to maintain; (3) Measure three times consecutively and record the third measurement (always measure both right and left arm blood pressure: if the values are different, record the highest).

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| **AREA B: ADDITIVE CARDIOVASCULAR RISK FACTORS - INTERVIEW No.3** **(3 months +15 days)** |
| **Nursing assessment** | Nursing diagnosis | Therapeutic goal | **A** | **M** | **Nursing interventions** |
| **Integrate with narrative nursing (Area E)** |
| **PHYSICAL ACTIVITY**  No [ ] Yes [ ] | If no:Physical disability? No [ ] Yes [ ] If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_  | Ineffective health maintenance related to physical activity**:**[ ] | **At least 30 mins/day five times/week** | [ ] | [ ] | Reinforce physical activity education.Help patient recognise even small successes.Encourage active involvement of caregivers.Use **patient booklet** during educational interventions. |
| **DIET**(a) Fruit No [ ] Yes [ ] | No of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fruit intake[ ] | **At least five servings/day of fruit and vegetables** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| DIET(b) VegetablesNo [ ] Yes [ ] | No of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to vegetable intake[ ] | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| DIET(c) Fish No [ ] Yes [ ] | No. of times/week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fish intake[ ] | **At least twice a week** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| **ALCOHOL** No [ ] Yes [ ] |  No, of drinks/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to alcohol**:**[ ] | **Max one drink/day****(1 small beer or 1 glass of wine)** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |

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| **AREA C: ADDITIVE PSYCHO-SOCIAL CARDIOVASCULAR RISK FACTORS - INTERVIEW No.3** **(3 months +15 days)** |
| **Nursing Assessment** | **Diagnosis****Nursing** | Objective | **A** | **M** | **Nursing Interventions****(to be implemented)** |
| **Integrate with narrative mursing (Area E)** |
| ANXIETY No [ ] Yes [ ] | Score (1): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] | Actively listen to patient.Help patient express his/her thoughts and feelings by adopting a non-judgmental attitude. Be empathic.Help patient identify situations that could cause anxiety.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Encourage active involvement of caregivers.Establish diversionary activities with patient and/or caregivers  |
| DEPRESSIONNo [ ] Yes [ ] | Score (2): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]   | **No/low risk 0-4** | [ ] | [ ] |
| **ANGER/HOSTILITY** No [ ] Yes [ ] | Score (3): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk 0-4** | [ ] | [ ] |
| **PERSONALITY TYPE "A"**No [ ] Yes [ ] | Score (4): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]   | **No/low risk 0-4** | [ ] | [ ] | Help patient identify situations that could provoke a need for competition and social confirmation, a sense of urgency, impatience and/or hyper-activism.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources - if possible with active involvement of caregivers..  |
| **PERSONALITY TYPE "D"**No [ ] Yes [ ] | Score (5): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]  | **No/low risk 0-4** |   [ ] |   [ ] | Help patient identify situations that could give rise to negative affectivity and social inhibition. Identify non-constructive coping styles in managing stressful situations.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources – if possible with involvement of caregivers. .  |
| **SELF-EFFICACY**No [ ] Yes [ ] | (6 Items)Score (6): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk** **9-12** |  [ ] |  [ ] | Help patient to increase awareness of his/her abilities, strengths and resources for dealing with difficult situations. Co-define small objectives to be reached by negotiating and sharing the final goal. Identify areas in which self-efficacy is perceived as being better or worse.Help patient increase self-confidence. Encourage patient to cope with changes. Reinforce implemented changes, however small they may be. Encourage active involvement of caregivers.. |
| **SOCIAL SUPPORT**No [ ] Yes [ ]Specify person(s) by whom you feel supported\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (6 Items) Score (7):\_\_\_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk** **6-8** | [ ] |  [ ] | Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Evaluate the breadth of social network (how many people, their roles)Assess patient’s perception of the importance of social support. Evaluate nature of desired social support (informative, affective, instrumental, moral).Agree and plan moments of social interaction with patient.Actively involve caregivers and other supportive person(s). |
| **OTHER (8)** No [ ] Yes [ ] | Specify:\_\_\_\_\_\_\_\_\_\_\_ |  |  |  [ ] |  [ ] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

COMPLETE TABLE USING DATA EMERGING FROM PATIENT QUESTIONNAIRES

 (1) Anxiety scores (Q 1, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(2) Depression:scores (Q 1, item 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(3) Anger/hostility scores (Q.1, items 13-18): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(4) Type A personality scores (Q2, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(5) Type D personality scores (Q 2, items 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low

#### From the second interview, if anxiety, depression, anger/hostility or personality A or D scores are 9-12 refer to psychologist

(6) Self-efficacy scores (Q.2, items 13-18): 0-4 = high risk; 5-8 = moderate risk; 9-12 = low risk

(7) Social support scores (Q 3): 0-2 = high risk, 3-5 = moderate risk; 6-8 = low risk

(8) Specify any other issues emerging from Area E Narrative nursing assessment (e.g. fear of the future, fear of dying, denial of illness)

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| **AREA D: PHARMACOLOGICAL ADHERENCE - INTERVIEW No. 3 (3 months +15 days)** |
| Nursing assessment | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| **Integrate with****narrative ursing (Area E)** | **Treatment adherence scale****1) Have you forgotten to take your medication in the last month**?**2)** Are you indifferent to the times you take your medications? **3)** When you feel better, do you sometimes stop taking your medications?**4)** When you feel worse, do you sometimes stop taking your medications? |
| Correctly taken: |  | Pharmacological education for patient.Give information about possible alterations/adverse events of drugs based on the type of patient.Identify with patient the most effective drug management strategies.Use patient N.II booklet.Use "teach back" technique with corrective feedback. Encourage functional/adaptive involvement of caregivers. |
| Cardioaspirin: No [ ] Yes [ ]  | **Intentional factors**Area of insufficient pharmacological information  No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| Antiplatelet agent: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  ACE inhibitor/sartan: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Statin:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Beta blocker:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| **Antidepressant:** No [ ] Yes [ ]  |  |  |
| **Anxiolytic:** No [ ] Yes [ ]  |  |

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| **AREA D: PHARMACOLOGICAL ADHERENCE - INTERVIEW No. 3 (3 months +15 days)** |
| **Integrate with****narrative nursing (Area E)** |  | **Nursing****diagnosis** | Objective | **A** | **M** | **Nursing interventions** |
| Intentional factorsArea of disbelief and irrationality No [ ] Yes [ **]**  | **Specify:** **Rejection of disease [ ]** **Treatment refusal [ ] Misconceptions about drugs [ ]** **Patient is caregiver [ ]** **Excessive investment in work [ ]** **Excessive household load [ ]** **Other**\_\_\_\_\_ |  | Risk of non-adherence of the drug regimen related to intentional factors[ ] | ***Acceptance of disease and drug treatment***The patient should declare that he/she understands the importance of taking medication and is aware of the severity and chronicity of the disease | [ ] | [ ] | Show empathy with patient’s reaction to the disease (fear, amazement, disbelief, anger, sadness).Help patient become aware of their illness. Highlight irrational thoughts ("I'll never make it") and encourage adaptive thoughts ("I'll make it").Plan changes in small steps negotiated with patient. Establish a relationship of trust and mutual responsibility.Encourage functional/adaptive involvement of caregivers. |
| Unintentional factorsArea of forgetfulness No [ ] Yes [ ]  | **Specify:** **Advanced age [ ]** **Memory deficit [ ]** **Unfavourable socio-economic context [ ]****Other\_\_\_\_\_\_\_** |  | Risk of non-adherence of the drug regimen related to unintentional factors[ ] | ***Importance of remembering drug therapy:***The patient should declare that he/she understands thimportance of taking medication and remembering the number, dose, times of taking medication using a specific means | [ ] | [ ] | Give information about self-monitoring (diaries, calendars, reminders, pill counter etc.) Try to establish the best way of adapting patient’s lifestyle to expected changes Use "teach back" technique.Establish a relationship of trust and mutual responsibility.Ensure involvement of caregivers. |

1) Scale scores: 0 for every positive answer; 1 for every negative answer. Totals: 1-2 = low adherence; 3-4= high adherence.

**When completing fields, ask yourself: Is there insufficient pharmacological information? Is there one or more factors of disbelief/irrationality? Forgetfulness?**

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| **AREA E: NARRATIVE NURSING ASSESSMENT - INTERVIEW No.3 (3 months +15 days)** |
| **INVESTIGATED AREA** | **INTERVIEW** | **KEY WORDS** | **STRINGS****(***summarise patient narratives by referring to relevant key words****)***  |
| **Adherence to treatment regimen (difficulty)** | Have you encountered any difficulties in taking the prescribed drugs? Which one(s) in particular? Would you care to tell me about it? | Perception of severity of health status.Sense of helplessness and lack of self-efficacy.Distrust in treatment regimen. Distrust in healthcare providers. Living limitations due to medication. Complexity of medication regimen. Cost of medications. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lifestyle changes (difficulties)** | Have you encountered any difficulties in coping with the planned lifestyle changes (e.g. . smoking, physical activity, diet)? Would you care to tell me about them? | Negative perception of personal resources, skills/abilities, and self-efficacy. , Lack of social support. Patient's caregivers. Excessive job investment. Excessive family burden. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Coping strategies** | In general, how are you coping with disease-induced changes? What mental and behavioural strategies are you using? | Acceptance/rejection. Avoidance/denial. Active coping. Positive attitude. Transcendental orientation. Seeking social support. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ALLIANCE FOR SECONDARY CARDIOVASCULAR PREVENTION IN EMILIA ROMAGNA**

**MULTIDIMENSIONAL NURSING FORM (MNF)**

**INTERVIEW No. 4**

**(6 MONTHS +15 DAYS)**

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| **AREA A:**  **CLASSIC CARDIOVASCULAR RISK FACTORS - INTERVIEW No.4****(6 months +15 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Therapeutic goal | **A (1)** | **M (2)** | **Nursing interventions** |
| **DIABETES**No [ ] Yes [ ] | If yes: New diagnosis? No [ ] Yes [ ] HbA1c \_\_\_\_\_\_\_\_% | Risk of new cardiovascular events related to diabetes**:**[ ] | **<6.5%** | [ ] | [ ] | Ensure that patient is in the care of diabetes centre.Nutrition and physical activity education.Education; controlling other cardiovascular risk factors. Encourage functional/adaptive involvement of caregivers during educational interventions and use **patient booklet Invite patient to undergo HbA1c testing before next interview.** |
| **ARTERIAL HYPERTENSION**No [ ] Yes [ ] | (3) Value\_\_\_\_\_\_\_\_\_\_\_mmHg  | Risk of new cardiovascular events related to arterial hypertension**:**[ ] | **<130/80 mmHg** | [ ] | [ ] | Education: self-measuring blood pressure. Nutrition and physical activity education. Encourage functional/adaptive involvement of caregivers during educational interventions. Use **patient booklet** during educational interventions.**Refer patient to his/her GP /cardiologist if BP uncontrolled (see values recorded in patient diary).** |
| **SMOKING** No [ ] Yes [ ] |  | Risk of new cardiovascular events related to smoking[ ] | **Total suspension** | [ ] | [ ] | Encourage active involvement of caregivers during educational intervention. Use **patient booklet** during educational interventions.Use "5 A" and "5 R" (see narrative nursing assessment area).**After negotiating it with patient, refer patient to Anti-smoking Centre if goal not reached.** |
| **DYSLIPIDEMIA**No [ ] Yes [ ] | LDL \_\_\_\_\_\_mg/dL  | Risk of new cardiovascular events related to dyslipidemia[ ] | **< 70 mg/dl** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use of the **patient booklet** during educational interventions.**Invite the patient to undergo LDL training before the next interview.** |
| **OBESITY**No [ ] Yes [ ] | Weight =\_\_\_\_\_\_\_\_kg Height =\_\_\_\_\_\_\_\_m BMI =\_\_\_\_\_\_\_kg/m2 (see chart) | Risk of new cardiovascular events related to obesity**:**[ ] | **BMI****18-24,9** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use **patient booklet** during educational interventions.**Refer patient to obesity centre if BMI >30 or unchanged from 25-29** |

(1) Goal to reach; (2) Goal to maintain; (3) Measure three times consecutively and record the third measurement (always measure both right and left arm blood pressure: if the values are different, record the highest).

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| **AREA B: ADDITIVE CARDIOVASCULAR RISK FACTORS - INTERVIEW No. 4** **(6 month +/- 15 days)** |
| **Nursing assessment** | Nursing diagnosis | Therapeutic goal | **A** | **M** | **Nursing Interventions** |
| **Integrate with narrative nursing (Area E)** |
| **PHYSICAL ACTIVITY**  No [ ] Yes [ ] | If no:Physical disability? No [ ] Yes [ ] If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_  | Ineffective health maintenance related to physical activity[ ] | **At least 30 mins/day five5 times/week** | [ ] | [ ] | Reinforce physical activity education.Help patient recognise even small successes.Encourage active involvement of caregivers.Use **patient booklet** during educational interventions. |
| **DIET**(a) Fruit No [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fruit intake[ ] | **At least five servings/day of fruit and vegetables** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions.. |
| DIET(b) VegetablesNo [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to vegetable intake[ ] | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| DIET(c) Fish No [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fish intake[ ] | **At least twice a week** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| **ALCOHOL** No [ ] Yes [ ] |  No of drinks/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to alcohol[ ] | **Max one drink/day****(1 small beer or 1 glass of wine)** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |

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| **AREA C: ADDITIVE PSYCHO-SOCIAL CARDIOVASCULAR RISK FACTORS - INTERVIEW No.4** **(6 months +15 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing interventions** |
| **Integrate with narrative nursing (Area E)** |
| ANXIETY No [ ] Yes [ ] | Score (1): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] | Actively listen to patient.Help patient express his/her thoughts and feelings by adopting a non-judgmental attitude. Be empathic.Help patient identify situations that could cause anxiety.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Encourage active involvement of caregivers.Establish diversionary activities with patient and/or caregivers  |
| DEPRESSIONNo [ ] Yes [ ] | Score (2): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]   | **No/low risk****0-4** | [ ] | [ ] |
| **ANGER/HOSTILITY** No [ ] Yes [ ] | Score (3): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] |
| **PERSONALITY TYPE "A"**No [ ] Yes [ ] | Score (4): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]   | **No/low risk****0-4** | [ ] | [ ] | Help patient identify situations that could provoke a need for competition and social confirmation, a sense of urgency, impatience and/or hyper-activism.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources - if possible with active involvement of caregivers.  |
| **PERSONALITY TYPE "D"**No [ ] Yes [ ] | Score (5): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]  | **No/low risk****0-4** |   [ ] |   [ ] | Help patient identify situations that could give rise to negative affectivity and social inhibition. Identify non-constructive coping styles in managing stressful situations.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources – if possible with involvement of caregivers. .  |
| **SELF-EFFICACY**No [ ] Yes [ ] | (6 Items)Score (6): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk** **9-12** |  [ ] |  [ ] | Help patient to increase awareness of his/her abilities, strengths and resources for dealing with difficult situations. Co-define small objectives to be reached by negotiating and sharing the final goal. Identify areas in which self-efficacy is perceived as being better or worse.Help patient increase self-confidence. Encourage patient to cope with changes. Reinforce implemented changes, however small they may be. Encourage active involvement of caregivers. |
| **SOCIAL SUPPORT**No [ ] Yes [ ]Specify person(s) by whom you feel supported\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (6 Items) Score (7):\_\_\_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk****6-8** | [ ] |  [ ] | Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Evaluate the breadth of social network (how many people, their roles)Assess patient’s perception of the importance of social support. Evaluate nature of desired social support (informative, affective, instrumental, moral).Agree and plan moments of social interaction with patient.Actively involve caregivers and other supportive person(s). |
| **OTHER (8)** No [ ] Yes [ ] | Specify:\_\_\_\_\_\_\_\_\_\_\_ |  |  |  [ ] |  [ ] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

COMPLETE TABLE USING DATA EMERGING FROM PATIENT QUESTIONNAIRES

 (1) Anxiety scores (Q 1, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(2) Depression:scores (Q 1, item 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(3) Anger/hostility scores (Q.1, items 13-18): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(4) Type A personality scores (Q2, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(5) Type D personality scores (Q 2, items 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low

#### From the second interview, if anxiety, depression, anger/hostility or personality A or D scores are 9-12 refer to psychologist

(6) Self-efficacy scores (Q.2, items 13-18): 0-4 = high risk; 5-8 = moderate risk; 9-12 = low risk

(7) Social support scores (Q 3): 0-2 = high risk, 3-5 = moderate risk; 6-8 = low risk

(8) Specify any other issues emerging from Area E Narrative nursing assessment (e.g. fear of the future, fear of dying, denial of illness)

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| **AREA D: PHARMACOLOGICAL ADHERENCE - INTERVIEW No.4 (6 months +15 days)** |
| Nursing assessment | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| **Integrate with****narrative ursing (Area E)** | **Treatment adherence scale****1) Have you forgotten to take your medication in the last month**?**2)** Are you indifferent to the times you take your medications? **3)** When you feel better, do you sometimes stop taking your medications?**4)** When you feel worse, do you sometimes stop taking your medications? |
| Correctly taken: |  | Pharmacological education for patient.Give information about possible alterations/adverse events of drugs based on the type of patient.Identify with patient the most effective drug management strategies.Use patient N.II booklet.Use "teach back" technique with corrective feedback. Encourage functional/adaptive involvement of caregivers. |
| Cardioaspirin: No [ ] Yes [ ]  | **Intentional factors**Area of insufficient pharmacological information  No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| Antiplatelet agent: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  ACE inhibitor/sartan: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Statin:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Beta blocker:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| **Antidepressant:** No [ ] Yes [ ]  |  |  |
| **Anxiolytic:** No [ ] Yes [ ]  |  |

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| **AREA D: PHARMACOLOGICAL ADHERENCE - INTERVIEW No.4 (6 months +15 days)** |
| **Integrate with****narrative nursing (Area E)** |  | **Nursing****diagnosis** | Objective | **A** | **M** | **Nursing interventions** |
| Intentional factorsArea of disbelief and irrationality No [ ] Yes [ **]**  | **Specify:** **Rejection of disease [ ]** **Treatment refusal [ ] Misconceptions about drugs [ ]** **Patient is caregiver [ ]** **Excessive investment in work [ ]** **Excessive household load [ ]** **Other**\_\_\_\_\_ |  | Risk of non-adherence to drug regimen related to intentional factors[ ] | ***Acceptance of disease and drug treatment***The patient should declare that he/she understands the importance of taking medication and is aware of the severity and chronicity of the disease | [ ] | [ ] | Show empathy with patient’s reaction to the disease (fear, amazement, disbelief, anger, sadness).Help patient become aware of their illness. Highlight irrational thoughts ("I'll never make it") and encourage adaptive thoughts ("I'll make it").Plan changes in small steps negotiated with patient. Establish a relationship of trust and mutual responsibility.Encourage functional/adaptive involvement of caregivers. |
| Unintentional factorsArea of forgetfulness No [ ] Yes [ ]  | **Specify:** **Advanced age [ ]** **Memory deficit [ ]** **Unfavourable socio-economic context [ ]****Other\_\_\_\_\_\_\_** |  | Risk of non-adherence to drug regimen related to unintentional factors[ ] | ***Importance of remembering drug therapy:***The patient should declare that he/she understands thimportance of taking medication and remembering the number, dose, times of taking medication using a specific means | [ ] | [ ] | Give information about self-monitoring (diaries, calendars, reminders, pill counter etc.) Try to establish the best way of adapting patient’s lifestyle to expected changes Use "teach back" technique.Establish a relationship of trust and mutual responsibility.Ensure involvement of caregivers. |

1) Scale scores: 0 for every positive answer; 1 for every negative answer. Totals: 1-2 = low adherence; 3-4= high adherence.

**When completing fields, ask yourself: Is there insufficient pharmacological information? Is there one or more factors of disbelief/irrationality? Forgetfulness?**

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| **AREA E: NARRATIVE NURSING ASSESSMENT– INTERVIEW No. 4 (6 month +15 days)****s** |
| **ESTIGATED AREA** | **INTERVIEW** | **KEY WORDS** | **STRINGS****(***summarise patient narratives by referring to relevant key words****)*** |
| **Adherence to treatment regimen (difficulty)** | Have you encountered any difficulties in taking the prescribed drugs? Which one(s) in particular? Would you care to tell me about it? | Perception of severity of health status.Sense of helplessness and lack of self-efficacy.Distrust in treatment regimen. Distrust in healthcare providers. Living limitations due to medication. Complexity of medication regimen. Cost of medications.. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lifestyle changes (difficulties)** | Have you encountered any difficulties in coping with the planned lifestyle changes (e.g. . smoking, physical activity, diet)? Would you care to tell me about it? | Negative perception of personal resources, skills/abilities, and self-efficacy. , Lack of social support. Patient's caregivers. Excessive job investment. Excessive family burden. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Coping strategies** | In general, how are you coping with disease-induced changes? What mental and behavioural strategies are you using? | Acceptance/rejection. Avoidance/denial. Active coping. Positive attitude. Transcendental orientation. Seeking social support. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ALLIANCE FOR SECONDARY CARDIOVASCULAR PREVENTION IN EMILIA ROMAGNA**

**MULTIDIMENSIONAL NURSING FORM (MNF)**

**INTERVIEW No. 5**

**(12 MONTHS +15 DAYS)**

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| **AREA A: CLASSIC CARDIOVASCULAR RISK FACTORS – INTERVIEW No. 5****(12 months +15 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Therapeutic goal | **A (1)** | **M (2)** | **Nursing Interventions** |
| **DIABETES**No [ ] Yes [ ] | If yes: New diagnosis? No [ ] Yes [ ] HbA1c \_\_\_\_\_\_\_\_% | Risk of new cardiovascular events related to diabetes**:**[ ] | **<6.5%** | [ ] | [ ] | Ensure that patient is in the care of diabetes centre.Nutrition and physical activity education.Education; controlling other cardiovascular risk factors. Encourage functional/adaptive involvement of caregivers during educational interventions and use **patient booklet Invite patient to undergo HbA1c testing before next interview.** |
| **ARTERIAL HYPERTENSION**No [ ] Yes [ ] | (3) Value\_\_\_\_\_\_\_\_\_\_\_mmHg  | Risk of new cardiovascular events related to arterial hypertension[ ] | **<130/80 mmHg** | [ ] | [ ] | Education: self-measuring blood pressure. Nutrition and physical activity education. Encourage functional/adaptive involvement of caregivers during educational interventions. Use **patient booklet** during educational interventions.**Refer patient to his/her GP /cardiologist if BP uncontrolled (see values recorded in patient diary).** |
| **SMOKING** No [ ] Yes [ ] |  | Risk of new cardiovascular events related to smoking[ ] | **Total abstention** | [ ] | [ ] | Encourage active involvement of caregivers during educational intervention. Use **patient booklet** during educational interventions.Use "5 A" and "5 R" (see narrative nursing assessment area).**After negotiating it with patient, refer patient to Anti-smoking Centre if goal not reached.** |
| **DYSLIPIDEMIA**No [ ] Yes [ ] | LDL \_\_\_\_\_\_mg/dL  | Risk of new cardiovascular events related to dyslipidemia**:**[ ] | **<70 mg/dL** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use of the **patient booklet** during educational interventions.**Invite the patient to undergo LDL training before the next interview.** |
| **OBESITY**No [ ] Yes [ ] | Weight =\_\_\_\_\_\_\_\_kg Height =\_\_\_\_\_\_\_\_m BMI =\_\_\_\_\_\_\_kg/m2 (see chart) | Risk of new cardiovascular events related to obesity[ ] | **BMI****18-24,9** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use of the **patient booklet** during educational interventions.**Refer patient to obesity centre if BMI >30 or unchanged from 25-29** |

(1) Goal to reach; (2) Goal to maintain; (3) Measure three times consecutively and record the third measurement (always measure both right and left arm blood pressure: if the values are different, record the highest).

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| **AREA B: ADDITIVE CARDIOVASCULAR RISK FACTORS – INTERVIEW No.5** **(12 months +15 days)** |
| **Nursing assessment** | Nursing diagnosis | Therapeutic goal | **A** | **M** | **Nursing Interventions** |
| **Integrate with narrative nursing (Area E)** |
| **PHYSICAL ACTIVITY**  No [ ] Yes [ ] | If no:Physical disability? No [ ] Yes [ ] If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_  | Ineffective health maintenance related to physical activity[ ] | **At least 30 mins/day five times/week** | [ ] | [ ] | Reinforce physical activity education.Help patient recognise even small successes.Encourage active involvement of caregivers.Use **patient booklet** during educational interventions. |
| **DIET**(a) Fruit No [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fruit intake[ ] | **At least five servings/day of fruit and vegetables** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| DIET(b) VegetablesNo [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to vegetable intake [ ] | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| DIET(c) Fish No [ ] Yes [ ] | No. of times/week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fish intake**:**[ ] | **At least twice a week** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| **ALCOHOL** No [ ] Yes [ ] |  No. of drinks/day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to**:**[ ] | **Max one drink/day****(1 small beer or 1 glass of wine)** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |

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| **AREA C: ADDITIVE PSYCHO-SOCIAL CARDIOVASCULAR RISK FACTORS – INTERVIEW No.5** **(12 months +15 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing interventions** |
| **Integrate with narrative nursing (Area E)** |
| ANXIETY No [ ] Yes [ ] | Score (1): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **Poor/Nothing****0-4** | [ ] | [ ] | Actively listen to patient.Help patient express his/her thoughts and feelings by adopting a non-judgmental attitude. Be empathic.Help patient identify situations that could cause anxiety.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Encourage active involvement of caregivers.Establish diversionary activities with patient and/or caregivers  |
| DEPRESSIONNo [ ] Yes [ ] | Score (2): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]   | **Poor/Nothing 0-4** | [ ] | [ ] |
| **ANGER/HOSTILITY** No [ ] Yes [ ] | Score (3): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **Poor/Nothing 0-4** | [ ] | [ ] |
| **PERSONALITY TYPE “A”**No [ ] Yes [ ] | Score (4): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]   | **Poor/Nothing 0-4** | [ ] | [ ] | Help patient identify situations that could provoke a need for competition and social confirmation, a sense of urgency, impatience and/or hyper-activism.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources - if possible with active involvement of caregivers.  |
| **PERSONALITY TYPE “D”**No [ ] Yes [ ] | Score (5): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]  | **Poor/Nothing 0-4** |   [ ] |   [ ] | Help patient identify situations that could give rise to negative affectivity and social inhibition. Identify non-constructive coping styles in managing stressful situations.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources – if possible with involvement of caregivers.  |
| **SELF-EFFICACY**No [ ] Yes [ ] | (6 Items)Score (6): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **High 12-9** |  [ ] |  [ ] | Help patient to increase awareness of his/her abilities, strengths and resources for dealing with difficult situations. Co-define small objectives to be reached by negotiating and sharing the final goal. Identify areas in which self-efficacy is perceived as being better or worse.Help patient increase self-confidence. Encourage patient to cope with changes. Reinforce implemented changes, however small they may be. Encourage active involvement of caregivers. |
| **SOCIAL SUPPORT**No [ ] Yes [ ]Specify person(s) by whom you feel supported\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (6 Items) Score (7):\_\_\_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **High 6-8** | [ ] |  [ ] | Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Evaluate the breadth of social network (how many people, their roles)Assess patient’s perception of the importance of social support. Evaluate nature of desired social support (informative, affective, instrumental, moral).Agree and plan moments of social interaction with patient.Actively involve caregivers and other supportive person(s). |
| **OTHER (8)** No [ ] Yes [ ] | Specify:\_\_\_\_\_\_\_\_\_\_\_ |  |  |  [ ] |  [ ] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

COMPLETE TABLE USING DATA EMERGING FROM PATIENT QUESTIONNAIRES

 (1) Anxiety scores (Q 1, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(2) Depression:scores (Q 1, item 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(3) Anger/hostility scores (Q.1, items 13-18): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(4) Type A personality scores (Q2, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(5) Type D personality scores (Q 2, items 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low

#### From the second interview, if anxiety, depression, anger/hostility or personality A or D scores are 9-12 refer to psychologist

(6) Self-efficacy scores (Q.2, items 13-18): 0-4 = high risk; 5-8 = moderate risk; 9-12 = low risk

(7) Social support scores (Q 3): 0-2 = high risk, 3-5 = moderate risk; 6-8 = low risk

(8) Specify any other issues emerging from Area E Narrative nursing assessment (e.g. fear of the future, fear of dying, denial of illness)

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| **AREA D: PHARMACOLOGICAL ADHERENCE – INTERVIEW No.5 (12 months +15 days)** |
| Nursing assessment | **Nursing****diagnosis** | Objective | **A** | **M** | **Nursing interventions** |
| **Integrate with****narrative nursing (Area E)** | **Treatment adherence scale****1) Have you forgotten to take your medication in the last month**?**2)** Are you indifferent to the times you take your medications? **3)** When you feel better, do you sometimes stop taking your medications?**4)** When you feel worse, do you sometimes stop taking your medications?  |
| Correctly taken: |  | Pharmacological education for patient.Give information about possible alterations/adverse events of drugs based on the type of patient.Identify with patient the most effective drug management strategies.Use patient N.II booklet.Use "teach back" technique with corrective feedback. Encourage functional/adaptive involvement of caregivers |
| Cardioaspirin: No [ ] Yes [ ]  | **Intentional factors**Area of insufficient pharmacological information  No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| II Antiplatelet agent: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Sì [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  Ace Inhibitor/Sartan: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Sì [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Statin:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Sì [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Beta blocker:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Sì [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| **Antidepressant:** No [ ] Yes [ ]  |  |  |
| **Anxiolytic:** No [ ] Yes [ ]  |  |

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| **AREA D: PHARMACOLOGICAL ADHERENCE – INTERVIEW No.5 (12 months +15 days)** |
| **Integrate with****narrative nursing (Area E)** |  | **Nursing****diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| Intentional factorsArea of disbelief and irrationality No [ ] Yes [ **]**  | **Specify:** **Rejection of disease [ ]** **Treatment refusal [ ] Misconceptions about drugs [ ]** **Patient is caregiver [ ]** **Excessive investment in work [ ]** **Excessive household load [ ]** **Other**\_\_\_\_\_ |  | Risk of non-adherence to drug regimen related to intentional factors:[ ] | ***Acceptance of disease and drug treatment***The patient should declare that he/she understands the importance of taking medication and is aware of the severity and chronicity of the disease | [ ] | [ ] | Show empathy with patient’s reaction to the disease (fear, amazement, disbelief, anger, sadness).Help patient become aware of their illness. Highlight irrational thoughts ("I'll never make it") and encourage adaptive thoughts ("I'll make it").Plan changes in small steps negotiated with patient. Establish a relationship of trust and mutual responsibility.Encourage functional/adaptive involvement of caregivers. |
| Unintended factorsArea of forgetfulness No [ ] Yes [ ]  | **Specify:** **Advanced age [ ]** **Memory deficit [ ]** **Unfavorable socio-economic context [ ]****More\_\_\_\_\_\_\_** |  | Risk of non-adherence of the drug regimen related to unintentional factors:[ ] | ***Importance of remembering drug therapy:***The patient should declare that he/she understands thimportance of taking medication and remembering the number, dose, times of taking medication using a specific meansl | [ ] | [ ] | Give information about self-monitoring (diaries, calendars, reminders, pill counter etc.) Try to establish the best way of adapting patient’s lifestyle to expected changes Use "teach back" technique.Establish a relationship of trust and mutual responsibility.Ensure involvement of caregivers. |

1) Scale scores: 0 for every positive answer; 1 for every negative answer. Totals: 1-2 = low adherence; 3-4= high adherence.

**When completing fields, ask yourself: Is there insufficient pharmacological information? Is there one or more factors of disbelief/irrationality? Forgetfulness?**

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| **AREA E: NARRATIVE NURSING ASSESSMENT– INTERVIEW No.5 (12 months +15 days)** |
| **INVESTIGATED AREA** | **INTERVIEW** | **KEY WORDS** | **STRINGS****(***summarise patient narratives by referring to relevant key words****)*** |
| **Adherence to treatment regimen (difficulty)** | Have you encountered any difficulties in taking the prescribed drugs? Which one(s) in particular? Would you care to tell me about it? | Perception of severity of health status.Sense of helplessness and lack of self-efficacy.Distrust in treatment regimen. Distrust in healthcare providers. Living limitations due to medication. Complexity of medication regimen. Cost of medications. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lifestyle changes (difficulties)** | Have you encountered any difficulties in coping with the planned lifestyle changes (e.g. . smoking, physical activity, diet)? Would you care to tell me about it? | Negative perception of personal resources, skills/abilities, and self-efficacy. , Lack of social support. Patient's caregivers. Excessive job investment. Excessive family burden. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Coping strategies** | In general, how are you coping with disease-induced changes? What mental and behavioural strategies are you using? | Acceptance/rejection. Avoidance/denial. Active coping. Positive attitude. Transcendental orientation. Seeking social support. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ALLIANCE FOR SECONDARY CARDIOVASCULAR PREVENTION IN EMILIA ROMAGNA**

**MULTIDIMENSIONAL NURSING FORM (MNF)**

**INTERVIEW No. 6**

**(18 MONTHS +15 DAYS)**

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| **AREA A: CLASSIC CARDIOVASCULAR RISK FACTORS – INTERVIEW No. 6****(18 months +15 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Therapeutic goal | **A (1)** | **M (2)** | **Nursing interventions** |
| **DIABETES**No [ ] Yes [ ] | If yes: New diagnosis? No [ ] Yes [ ] HbA1c \_\_\_\_\_\_\_\_% | Risk of new cardiovascular events related to diabetes[ ] | **<6.5%** | [ ] | [ ] | Ensure that patient is in the care of diabetes centre.Nutrition and physical activity education.Education; controlling other cardiovascular risk factors. Encourage functional/adaptive involvement of caregivers during educational interventions and use **patient booklet Invite patient to undergo HbA1c testing before next interview.** |
| **ARTERIAL HYPERTENSION**No [ ] Yes [ ] | (3) Value\_\_\_\_\_\_\_\_\_\_\_mmHg  | Risk of new cardiovascular events related to arterial hypertension[ ] | **<130/80 mmHg** | [ ] | [ ] | Education: self-measuring blood pressure. Nutrition and physical activity education. Encourage functional/adaptive involvement of caregivers during educational interventions. Use **patient booklet** during educational interventions.**Refer patient to his/her GP /cardiologist if BP uncontrolled (see values recorded in patient diary)..** |
| **SMOKING** No [ ] Yes [ ] |  | Risk of new cardiovascular events related to smoking[ ] | **Total abstension** | [ ] | [ ] | Encourage active involvement of caregivers during educational intervention. Use **patient booklet** during educational interventions.Use "5 A" and "5 R" (see narrative nursing assessment area).**After negotiating it with patient, refer patient to Anti-smoking Centre if goal not reached.** |
| **DYSLIPIDEMIA**No [ ] Yes [ ] | LDL \_\_\_\_\_\_mg/dL  | Risk of new cardiovascular events related to dyslipidemia[ ] | **<70 mg/dL** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use of the **patient booklet** during educational interventions.**Invite the patient to undergo LDL training before the next interview.** |
| **OBESITY**No [ ] Yes [ ] | Weight =\_\_\_\_\_\_\_\_kg Height =\_\_\_\_\_\_\_\_m BMI =\_\_\_\_\_\_\_kg/m2 (see chart) | Risk of new cardiovascular events related to obesity[ ] | **BMI****18-24,9** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use of the **patient booklet** during educational interventions.**Refer patient to obesity centre if BMI >30 or unchanged from 25-29** |

(1) Goal to reach; (2) Goal to maintain; (3) Measure three times consecutively and record the third measurement (always measure both right and left arm blood pressure: if the values are different, record the highest).

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| **AREA B: ADDITIVE CARDIOVASCULAR RISK FACTORS – INTERVIEW No.6** **(18 months +15 days)** |
| **Nursing assessment** | Nursing diagnosis | Therapeutic goal | **A** | **M** | **Nursing Interventions** |
| **Integrate with narrative nursing (Area E)** |
| **PHYSICAL ACTIVITY**  No [ ] Yes [ ] | If no:Physical disability? No [ ] Yes [ ] If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_  | Ineffective health maintenance related to physical activity**:**[ ] | **At least 30 mins/day five times/week** | [ ] | [ ] | Reinforce physical activity education.Help patient recognise even small successes.Encourage active involvement of caregivers.Use **patient booklet** during educational interventions. |
| **DIET**(a) Fruit No [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fruit intake**:**[ ] | **At least five servings/day of fruit and vegetables** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| DIET(b) VegetablesNo [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to vegetable intake[ ] | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| DIET(c) Fish No [ ] Yes [ ] | No. of times/week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fish intake**:**[ ] | **At least twice a week** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| **ALCOHOL** No [ ] Yes [ ] |  No. of drinks/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to alcohol**:**[ ] | **Max one drink/day****(1 small beer or 1 glass of wine)** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |

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| **AREA C: ADDITIVE PSYCHO-SOCIAL CARDIOVASCULAR RISK FACTORS – INTERVIEW No. 6** **(18 months +15 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing interventions** |
| **Integrate with narrative nursing (Area E)** |
| ANXIETY No [ ] Yes [ ] | Score (1): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] | Actively listen to patient.Help patient express his/her thoughts and feelings by adopting a non-judgmental attitude. Be empathic.Help patient identify situations that could cause anxiety.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Encourage active involvement of caregivers.Establish diversionary activities with patient and/or caregivers  |
| DEPRESSIONNo [ ] Yes [ ] | Score (2): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]   | **No/low risk****0-4** | [ ] | [ ] |
| **ANGER/HOSTILITY** No [ ] Yes [ ] | Score (3): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] |
| **PERSONALITY TYPE “A”**No [ ] Yes [ ] | Score (4): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]   | **No/low risk****0-4** | [ ] | [ ] | Help patient identify situations that could provoke a need for competition and social confirmation, a sense of urgency, impatience and/or hyper-activism.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources - if possible with active involvement of caregivers.  |
| **PERSONALITY TYPE “D”**No [ ] Yes [ ] | Score (5): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]  | **No/low risk****0-4** |   [ ] |   [ ] | Help patient identify situations that could give rise to negative affectivity and social inhibition. Identify non-constructive coping styles in managing stressful situations.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources – if possible with involvement of caregivers.  |
| **SELF-EFFICACY**No [ ] Yes [ ] | (6 Items)Score (6): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk** **9-12** |  [ ] |  [ ] | Help patient to increase awareness of his/her abilities, strengths and resources for dealing with difficult situations. Co-define small objectives to be reached by negotiating and sharing the final goal. Identify areas in which self-efficacy is perceived as being better or worse.Help patient increase self-confidence. Encourage patient to cope with changes. Reinforce implemented changes, however small they may be. Encourage active involvement of caregivers. |
| **SOCIAL SUPPORT**No [ ] Yes [ ]Specify person(s) by whom you feel supported\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (6 Items) Score (7):\_\_\_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk** **6-8** | [ ] |  [ ] | Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Evaluate the breadth of social network (how many people, their roles)Assess patient’s perception of the importance of social support. Evaluate nature of desired social support (informative, affective, instrumental, moral).Agree and plan moments of social interaction with patient.Actively involve caregivers and other supportive person(s). |
| **OTHER (8)** No [ ] Yes [ ] | Specify:\_\_\_\_\_\_\_\_\_\_\_ |  |  |  [ ] |  [ ] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

COMPLETE TABLE USING DATA EMERGING FROM PATIENT QUESTIONNAIRES

 (1) Anxiety scores (Q 1, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(2) Depression:scores (Q 1, item 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(3) Anger/hostility scores (Q.1, items 13-18): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(4) Type A personality scores (Q2, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(5) Type D personality scores (Q 2, items 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low

#### From the second interview, if anxiety, depression, anger/hostility or personality A or D scores are 9-12 refer to psychologist

(6) Self-efficacy scores (Q.2, items 13-18): 0-4 = high risk; 5-8 = moderate risk; 9-12 = low risk

(7) Social support scores (Q 3): 0-2 = high risk, 3-5 = moderate risk; 6-8 = low risk

(8) Specify any other issues emerging from Area E Narrative nursing assessment (e.g. fear of the future, fear of dying, denial of illness)

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| **AREA D: PHARMACOLOGICAL ADHERENCE – INTERVIEW No. 6 (18 months +15 days)** |
| Nursing assessment | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing interventions** |
| **Integrate with****narrative nursing (Area E)** | **Treatment adherence scale****1) Have you forgotten to take your medication in the last month**?**2)** Are you indifferent to the times you take your medications? **3)** When you feel better, do you sometimes stop taking your medications?**4)** When you feel worse, do you sometimes stop taking your medications? |
| Correctly taken: |  | Pharmacological education for patient.Give information about possible alterations/adverse events of drugs based on the type of patient.Identify with patient the most effective drug management strategies.Use patient N.II booklet.Use "teach back" technique with corrective feedback. Encourage functional/adaptive involvement of caregivers |
| Cardioaspirin: No [ ] Yes [ ]  | **Intentional factors**Area of insufficient pharmacological information  No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| Antiplatelet agent: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  ACE inhibitor/sartan: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Statin:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Beta blocker:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| **Antidepressant:** No [ ] Yes [ ]  |  |  |
| **Anxiolytic:** No [ ] Yes [ ]  |  |

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| **AREA D: PHARMACOLOGICAL ADHERENCE – INTERVIEW No.6 (18 months +15 days)** |
| **Integrate with****narrative nursing (Area E)** |  | **Nursing****diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| Intentional factorsArea of disbelief and irrationality No [ ] Yes [ **]**  | **Specify:** **Rejection of disease [ ]** **Treatment refusal [ ] Misconceptions about drugs [ ]** **Patient is caregiver [ ]** **Excessive investment in work [ ]** **Excessive household load [ ]** **Other**\_\_\_\_\_ |  | Risk of non-adherence to drug regimen related to intentional factors:[ ] | ***Acceptance of disease and drug treatment***The patient should declare that he/she understands the importance of taking medication and is aware of the severity and chronicity of the disease | [ ] | [ ] | Show empathy with patient’s reaction to the disease (fear, amazement, disbelief, anger, sadness).Help patient become aware of their illness. Highlight irrational thoughts ("I'll never make it") and encourage adaptive thoughts ("I'll make it").Plan changes in small steps negotiated with patient. Establish a relationship of trust and mutual responsibility.Encourage functional/adaptive involvement of caregivers. |
| Unintentional factorsArea of forgetfulness No [ ] Yes [ ]  | **Specify:** **Advanced age [ ]** **Memory deficit [ ]** **Unfavourable socio-economic context [ ]****Other\_\_\_\_\_\_\_** |  | Risk of non-adherence of the drug regimen related to unintentional factors:[ ] | ***Importance of remembering drug therapy:***The patient should declare that he/she understands thimportance of taking medication and remembering the number, dose, times of taking medication using a specific means | [ ] | [ ] | Give information about self-monitoring (diaries, calendars, reminders, pill counter etc.) Try to establish the best way of adapting patient’s lifestyle to expected changes Use "teach back" technique.Establish a relationship of trust and mutual responsibility.Ensure involvement of caregivers. |

1) Scale scores: 0 for every positive answer; 1 for every negative answer. Totals: 1-2 = low adherence; 3-4= high adherence.

**When completing fields, ask yourself: Is there insufficient pharmacological information? Is there one or more factors of disbelief/irrationality? Forgetfulness?**

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| **AREA E: NARRATIVE NURSING ASSESSMENT - INTERVIEW No.6 (18 months +15 days)** |
| **INVESTIGATED AREA** | **INTERVIEW** | **KEY WORDS** | **STRINGS****(***summarise patient narratives by referring to relevant key words****)*** |
| **Adherence to treatment regimen (difficulty)** | Have you encountered any difficulties in taking the prescribed drugs? Which one(s) in particular? Would you care to tell me about it? | Perception of severity of health status.Sense of helplessness and lack of self-efficacy.Distrust in treatment regimen. Distrust in healthcare providers. Living limitations due to medication. Complexity of medication regimen. Cost of medications. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lifestyle changes (difficulties)** | Have you encountered any difficulties in coping with the planned lifestyle changes (e.g. . smoking, physical activity, diet)? Would you care to tell me about it? | Negative perception of personal resources, skills/abilities, and self-efficacy. , Lack of social support. Patient's caregivers. Excessive job investment. Excessive family burden. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Coping strategies** | In general, how are you coping with disease-induced changes? What mental and behavioural strategies are you using? | Acceptance/rejection. Avoidance/denial. Active coping. Positive attitude. Transcendental orientation. Seeking social support. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ALLIANCE FOR SECONDARY CARDIOVASCULAR PREVENTION IN EMILIA ROMAGNA**

**MULTIDIMENSIONAL NURSING FORM (MNF)**

**INTERVIEW No. 7**

**(24 MONTHS +15 DAYS)**

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| **AREA A:**  **CLASSIC CARDIOVASCULAR RISK FACTORS - INTERVIEW No. 7****(24 months +15 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Therapeutic goal | **A (1)** | **M (2)** | **Nursing interventions** |
| **DIABETES**No [ ] Yes [ ] | If yes: New diagnosis? No [ ] Yes [ ] HbA1c \_\_\_\_\_\_\_\_% | Risk of new cardiovascular events related to diabetes[ ] | **<6.5%** | [ ] | [ ] | Ensure that patient is in the care of diabetes centre.Nutrition and physical activity education.Education; controlling other cardiovascular risk factors. Encourage functional/adaptive involvement of caregivers during educational interventions and use **patient booklet Invite patient to undergo HbA1c testing before next interview.** |
| **ARTERIAL HYPERTENSION**No [ ] Yes [ ] | (3) Value\_\_\_\_\_\_\_\_\_\_\_mmHg  | Risk of new cardiovascular events related to arterial hypertension[ ] | **<130/80 mmHg** | [ ] | [ ] | Education: self-measuring blood pressure. Nutrition and physical activity education. Encourage functional/adaptive involvement of caregivers during educational interventions. Use **patient booklet** during educational interventions.**Refer patient to his/her GP /cardiologist if BP uncontrolled (see values recorded in patient diary)..** |
| **SMOKING** No [ ] Yes [ ] |  | Risk of new cardiovascular events related to smoking[ ] | **Total abstention** | [ ] | [ ] | Encourage active involvement of caregivers during educational intervention. Use **patient booklet** during educational interventions.Use "5 A" and "5 R" (see narrative nursing assessment area).**After negotiating it with patient, refer patient to Anti-smoking Centre if goal not reached.** |
| **DYSLIPIDEMIA**No [ ] Yes [ ] | LDL \_\_\_\_\_\_mg/dL  | Risk of new cardiovascular events related to dyslipidemia[ ] | **<70 mg/dL** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use of the **patient booklet** during educational interventions.**Invite the patient to undergo LDL training before the next interview.** |
| **OBESITY**No [ ] Yes [ ] | Weight =\_\_\_\_\_\_\_\_kg Height =\_\_\_\_\_\_\_\_m BMI =\_\_\_\_\_\_\_kg/m2 (see chart) | Risk of new cardiovascular events related to obesity[ ] | **BMI****18-24,9** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use of the **patient booklet** during educational interventions.**Refer patient to obesity centre if BMI >30 or unchanged from 25-29** |

(1) Goal to reach; (2) Goal to maintain; (3) Measure three times consecutively and record the third measurement (always measure both right and left arm blood pressure: if the values are different, record the highest).

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| **AREA B: ADDITIVE CARDIOVASCULAR RISK FACTORS - INTERVIEW No.7** **(24 months +15 days)** |
| **Nursing assessment** | Nursing diagnosis | Therapeutic goal | **A** | **M** | **Nursing interventions** |
| **Integrate with narrative nursing (Area E)** |
| **PHYSICAL ACTIVITY**  No [ ] Yes [ ] | If no:Physical disability? No [ ] Yes [ ] If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_  | Ineffective health maintenance related to physical activity[ ] | **At least 30 mins/day five times/week** | [ ] | [ ] | Reinforce physical activity education.Help patient recognise even small successes.Encourage active involvement of caregivers.Use **patient booklet** during educational interventions. |
| **DIET**(a) Fruit No [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fruit intake[ ] | **At leastfive servings/day of fruit and vegetables** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| DIET(b) VegetablesNo [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to vegetable intake[ ] | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| DIET(c) Fish No [ ] Yes [ ] | No. of times/week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fish intake[ ] | **At least twice a week** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| **ALCOHOL** No [ ] Yes [ ] |  No. of drinks/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to alcohol[ ] | **Max one drink/day****(1 small beer or 1 glass of wine)** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |

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| **AREA C: ADDITIVE PSYCHO-SOCIAL CARDIOVASCULAR RISK FACTORS - INTERVIEW No. 7** **(24 months +15 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| **Integrate with narrative nursing (Area E)** |
| ANXIETY No [ ] Yes [ ] | Score (1): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] | Actively listen to patient.Help patient express his/her thoughts and feelings by adopting a non-judgmental attitude. Be empathic.Help patient identify situations that could cause anxiety.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Encourage active involvement of caregivers.Establish diversionary activities with patient and/or caregivers  |
| DEPRESSIONNo [ ] Yes [ ] | Score (2): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]   | **No/low risk****0-4** | [ ] | [ ] |
| **ANGER/HOSTILITY** No [ ] Yes [ ] | Score (3): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] |
| **PERSONALITY TYPE "A"**No [ ] Yes [ ] | Score (4): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]   | **No/low risk****0-4** | [ ] | [ ] | Help patient identify situations that could provoke a need for competition and social confirmation, a sense of urgency, impatience and/or hyper-activism.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources - if possible with active involvement of caregivers.  |
| **PERSONALITY TYPE "D"**No [ ] Yes [ ] | Score (5): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]  | **No/low risk****0-4** |   [ ] |   [ ] | Help patient identify situations that could give rise to negative affectivity and social inhibition. Identify non-constructive coping styles in managing stressful situations.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources – if possible with involvement of caregivers.  |
| **SELF-EFFICACY**No [ ] Yes [ ] | (6 Items)Score (6): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk** **9-12** |  [ ] |  [ ] | Help patient to increase awareness of his/her abilities, strengths and resources for dealing with difficult situations. Co-define small objectives to be reached by negotiating and sharing the final goal. Identify areas in which self-efficacy is perceived as being better or worse.Help patient increase self-confidence. Encourage patient to cope with changes. Reinforce implemented changes, however small they may be. Encourage active involvement of caregivers. |
| **SOCIAL SUPPORT**No [ ] Yes [ ]Specify person(s) by whom you feel supported\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (6 Items) Score (7):\_\_\_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk****6-8** | [ ] |  [ ] | Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Evaluate the breadth of social network (how many people, their roles)Assess patient’s perception of the importance of social support. Evaluate nature of desired social support (informative, affective, instrumental, moral).Agree and plan moments of social interaction with patient.Actively involve caregivers and other supportive person(s). |
| **OTHER (8)** No [ ] Yes [ ] | Specify:\_\_\_\_\_\_\_\_\_\_\_ |  |  |  [ ] |  [ ] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

COMPLETE TABLE USING DATA EMERGING FROM PATIENT QUESTIONNAIRES

 (1) Anxiety scores (Q 1, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(2) Depression:scores (Q 1, item 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(3) Anger/hostility scores (Q.1, items 13-18): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(4) Type A personality scores (Q2, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(5) Type D personality scores (Q 2, items 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low

#### From the second interview, if anxiety, depression, anger/hostility or personality A or D scores are 9-12 refer to psychologist

(6) Self-efficacy scores (Q.2, items 13-18): 0-4 = high risk; 5-8 = moderate risk; 9-12 = low risk

(7) Social support scores (Q 3): 0-2 = high risk, 3-5 = moderate risk; 6-8 = low risk

(8) Specify any other issues emerging from Area E Narrative nursing assessment (e.g. fear of the future, fear of dying, denial of illness)

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| **AREA D: PHARMACOLOGICAL ADHERENCE - INTERVIEW No.7 (24 months +15 days)** |
| Nursing assessment | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| **Integrate with****narrative nursing (Area E)** | **Treatment adherence scale****1) Have you forgotten to take your medication in the last month**?**2)** Are you indifferent to the times you take your medications? **3)** When you feel better, do you sometimes stop taking your medications?**4)** When you feel worse, do you sometimes stop taking your medications? |
| Correctly:taken |  | Pharmacological education for patient.Give information about possible alterations/adverse events of drugs based on the type of patient.Identify with patient the most effective drug management strategies.Use patient N.II booklet.Use "teach back" technique with corrective feedback. Encourage functional/adaptive involvement of caregivers. |
| Cardioaspirin: No [ ] Yes [ ]  | **Intentional factors**Area of insufficient pharmacological information  No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| Antiplatelet agent: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  ACE inhibitor/sartan: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Statin:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Beta blocker:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| **Antidepressant:** No [ ] Yes [ ]  |  |  |
| **Anxiolytic:** No [ ] Yes [ ]  |  |

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| **AREA D: PHARMACOLOGICAL ADHERENCE - INTERVIEW No.7 (24 months +15 days)** |
| **Integrate with****narrative nursing (Area E)** |  | **Nursing****diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| Intentional factorsArea of disbelief and irrationality No [ ] Yes [ **]**  | **Specify:** **Rejection of disease [ ]** **Treatment refusal [ ] Misconceptions about drugs [ ]** **Patient is caregiver [ ]** **Excessive investment in work [ ]** **Excessive household load [ ]** **Other**\_\_\_\_\_ |  | Risk of non-adherence of the drug regimen related to intentional factors[ ] | ***Acceptance of disease and drug treatment***The patient should declare that he/she understands the importance of taking medication and is aware of the severity and chronicity of the disease | [ ] | [ ] | Show empathy with patient’s reaction to the disease (fear, amazement, disbelief, anger, sadness).Help patient become aware of their illness. Highlight irrational thoughts ("I'll never make it") and encourage adaptive thoughts ("I'll make it").Plan changes in small steps negotiated with patient. Establish a relationship of trust and mutual responsibility.Encourage functional/adaptive involvement of caregivers. |
| Unintentional factorsArea of forgetfulness No [ ] Yes [ ]  | **Specify:** **Advanced age [ ]** **Memory deficit [ ]** **Unfavorable socio-economic context [ ]****Other\_\_\_\_\_\_\_** |  | Risk of non-adherence of the drug regimen related to unintentional factors[ ] | ***Importance of remembering drug therapy:***The patient should declare that he/she understands thimportance of taking medication and remembering the number, dose, times of taking medication using a specific meansl | [ ] | [ ] | Give information about self-monitoring (diaries, calendars, reminders, pill counter etc.) Try to establish the best way of adapting patient’s lifestyle to expected changes Use "teach back" technique.Establish a relationship of trust and mutual responsibility.Ensure involvement of caregivers. |

1) Scale scores: 0 for every positive answer; 1 for every negative answer. Totals: 1-2 = low adherence; 3-4= high adherence.

**When completing fields, ask yourself: Is there insufficient pharmacological information? Is there one or more factors of disbelief/irrationality? Forgetfulness?**

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| **AREA E: NARRATIVE NURSING ASSESSMENT - INTERVIEW No.7 (24 months +15 days)** |
| **INVESTIGATED AREA** | **INTERVIEW** | **KEY WORDS** | **STRINGS****(***summarise patient narratives by referring to relevant key words****)*** |
| **Adherence to treatment regimen (difficulty)** | Have you encountered any difficulties in taking the prescribed drugs? Which one(s) in particular? Would you care to tell me about it? | Perception of severity of health status.Sense of helplessness and lack of self-efficacy.Distrust in treatment regimen. Distrust in healthcare providers. Living limitations due to medication. Complexity of medication regimen. Cost of medications. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lifestyle changes (difficulties)** | Have you encountered any difficulties in coping with the planned lifestyle changes (e.g. . smoking, physical activity, diet)? Would you care to tell me about it? | Negative perception of personal resources, skills/abilities, and self-efficacy. , Lack of social support. Patient's caregivers. Excessive job investment. Excessive family burden.. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Coping strategies** | In general, how are you coping with disease-induced changes? What mental and behavioural strategies are you using? | Acceptance/rejection. Avoidance/denial. Active coping. Positive attitude. Transcendental orientation. Seeking social support. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ALLIANCE FOR SECONDARY CARDIOVASCULAR PREVENTION IN EMILIA ROMAGNA**

**MULTIDIMENSIONAL NURSING FORM (MNF)**

**INTERVIEW No. 8**

**(36 MONTHS +15 DAYS)**

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| **AREA A: CLASSIC CARDIOVASCULAR RISK FACTORS - INTERVIEW No. 8****(36 months +15 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Therapeutic goal | **A (1)** | **M (2)** | **Nursing interventions** |
| **DIABETES**No [ ] Yes [ ] | If yes: New diagnosis? No [ ] Yes [ ] HbA1c \_\_\_\_\_\_\_\_% | Risk of new cardiovascular events related to diabetes[ ] | **<6.5%** | [ ] | [ ] | Ensure that patient is in the care of diabetes centre.Nutrition and physical activity education.Education; controlling other cardiovascular risk factors. Encourage functional/adaptive involvement of caregivers during educational interventions and use **patient booklet Invite patient to undergo HbA1c testing before next interview..** |
| **ARTERIAL HYPERTENSION**No [ ] Yes [ ] | (3) Value\_\_\_\_\_\_\_\_\_\_\_mmHg  | Risk of new cardiovascular events related to arterial hypertension**:**[ ] | **<130/80 mmHg** | [ ] | [ ] | Education: self-measuring blood pressure. Nutrition and physical activity education. Encourage functional/adaptive involvement of caregivers during educational interventions. Use **patient booklet** during educational interventions.**Refer patient to his/her GP /cardiologist if BP uncontrolled (see values recorded in patient diary)..** |
| **SMOKING** No [ ] Yes [ ] |  | Risk of new cardiovascular events related to smoking[ ] | **Total abstention** | [ ] | [ ] | Encourage active involvement of caregivers during educational intervention. Use **patient booklet** during educational interventions.Use "5 A" and "5 R" (see narrative nursing assessment area).**After negotiating it with patient, refer patient to Anti-smoking Centre if goal not reached..** |
| **DYSLIPIDEMIA**No [ ] Yes [ ] | LDL \_\_\_\_\_\_mg/dL  | Risk of new cardiovascular events related to dyslipidemia[ ] | **<70 mg/dL** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use of the **patient booklet** during educational interventions.**Invite the patient to undergo LDL training before the next interview** |
| **OBESITY**No [ ] Yes [ ] | Weight =\_\_\_\_\_\_\_\_kg Height =\_\_\_\_\_\_\_\_m BMI =\_\_\_\_\_\_\_kg/m2 (see chart) | Risk of new cardiovascular events related to**:**[ ] | **BMI****18-24,9** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use of the **patient booklet** during educational interventions.**Refer patient to obesity centre if BMI >30 or unchanged from 25-29** |

(1) Goal to reach; (2) Goal to maintain; (3) Measure three times consecutively and record the third measurement (always measure both right and left arm blood pressure: if the values are different, record the highest).

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| **AREA B: ADDITIVE CARDIOVASCULAR RISK FACTORS - INTERVIEW No.8** **(36 months +15 days)** |
| **Nursing assessment** | Nursing diagnosis | Therapeutic goal | **A** | **M** | **Nursing interventions** |
| **Integrate with narrative nursing (Area E)** |
| **PHYSICAL ACTIVITY**  No [ ] Yes [ ] | If no:Physical disability? No [ ] Yes [ ] If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_  | Ineffective health maintenance related to physical activity[ ] | **At least 30 mins/day five times/week** | [ ] | [ ] | Reinforce physical activity education.Help patient recognise even small successes.Encourage active involvement of caregivers.Use **patient booklet** during educational interventions. |
| **DIET**(a) Fruit No [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fruit intake[ ] | **At least five servings/day of fruit and vegetables** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions |
| DIET(b) VegetablesNo [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to vegetable intake[ ] | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions |
| DIET(c) Fish No [ ] Yes [ ] | No. of times/week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fish intake[ ] | **At least twice a week** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions |
| **ALCOHOL** No [ ] Yes [ ] |  No. of drinks/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to alcohol[ ] | **Max one drink/day****(1 small beer or 1 glass of wine)** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions |

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| **AREA C: ADDITIVE PSYCHO-SOCIAL CARDIOVASCULAR RISK FACTORS - INTERVIEW No. 8** **(36 months +15 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| **Integrate with narrative nursing (Area E)** |
| ANXIETY No [ ] Yes [ ] | Score (1): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] | Actively listen to patient.Help patient express his/her thoughts and feelings by adopting a non-judgmental attitude. Be empathic.Help patient identify situations that could cause anxiety.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Encourage active involvement of caregivers.Establish diversionary activities with patient and/or caregivers  |
| DEPRESSIONNo [ ] Yes [ ] | Score (2): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]   | **No/low risk****0-4** | [ ] | [ ] |
| **ANGER/HOSTILITY** No [ ] Yes [ ] | Score (3): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] |
| **PERSONALITY TYPE "A"**No [ ] Yes [ ] | Score (4): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]   | **No/low risk****0-4** | [ ] | [ ] | Help patient identify situations that could provoke a need for competition and social confirmation, a sense of urgency, impatience and/or hyper-activism.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources - if possible with active involvement of caregivers.  |
| **PERSONALITY TYPE "D"**No [ ] Yes [ ] | Score (5): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]  | **No/low risk****0-4** |   [ ] |   [ ] | Help patient identify situations that could give rise to negative affectivity and social inhibition. Identify non-constructive coping styles in managing stressful situations.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources – if possible with involvement of caregivers. .  |
| **SELF-EFFICACY**No [ ] Yes [ ] | (6 Items)Score (6): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **High 12-9** |  [ ] |  [ ] | Help patient to increase awareness of his/her abilities, strengths and resources for dealing with difficult situations. Co-define small objectives to be reached by negotiating and sharing the final goal. Identify areas in which self-efficacy is perceived as being better or worse.Help patient increase self-confidence. Encourage patient to cope with changes. Reinforce implemented changes, however small they may be. Encourage active involvement of caregivers. |
| **SOCIAL SUPPORT**No [ ] Yes [ ]Specify person(s) by whom you feel supported\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (6 Items) Score (7):\_\_\_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **High 6-8** | [ ] |  [ ] | Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Evaluate the breadth of social network (how many people, their roles)Assess patient’s perception of the importance of social support. Evaluate nature of desired social support (informative, affective, instrumental, moral).Agree and plan moments of social interaction with patient.Actively involve caregivers and other supportive person(s).. |
| **OTHER (8)** No [ ] Yesì [ ] | Specify:\_\_\_\_\_\_\_\_\_\_\_ |  |  |  [ ] |  [ ] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

COMPLETE TABLE USING DATA EMERGING FROM PATIENT QUESTIONNAIRES

 (1) Anxiety scores (Q 1, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(2) Depression:scores (Q 1, item 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(3) Anger/hostility scores (Q.1, items 13-18): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(4) Type A personality scores (Q2, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(5) Type D personality scores (Q 2, items 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low

#### From the second interview, if anxiety, depression, anger/hostility or personality A or D scores are 9-12 refer to psychologist

(6) Self-efficacy scores (Q.2, items 13-18): 0-4 = high risk; 5-8 = moderate risk; 9-12 = low risk

(7) Social support scores (Q 3): 0-2 = high risk, 3-5 = moderate risk; 6-8 = low risk

(8) Specify any other issues emerging from Area E Narrative nursing assessment (e.g. fear of the future, fear of dying, denial of illness)

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| **AREA D: PHARMACOLOGICAL ADHERENCE - INTERVIEW No. 8 (36 months +15 days)** |
| Nursing assessment | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| **Integrate with****narrative nursing (Area E)** | **Treatment adherence scale****1) Have you forgotten to take your medication in the last month**?**2)** Are you indifferent to the times you take your medications? **3)** When you feel better, do you sometimes stop taking your medications?**4)** When you feel worse, do you sometimes stop taking your medications? |
| Correctly taken: |  | Pharmacological education for patient.Give information about possible alterations/adverse events of drugs based on the type of patient.Identify with patient the most effective drug management strategies.Use patient N.II booklet.Use "teach back" technique with corrective feedback. Encourage functional/adaptive involvement of caregivers |
| Cardioaspirin: No [ ] Yes [ ]  | **Intentional factors**Area of insufficient pharmacological information  No [ ] Sì [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| Antiplatelet agent: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Sì [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  ACE inhibitor/sartan: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Sì [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Statin:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Sì [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Beta blocker:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Sì [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen: [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| **Antidepressant:** No [ ] Yes [ ]  |  |  |
| **Anxiolytic:** No [ ] Yes [ ]  |  |

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| **AREA D: PHARMACOLOGICAL ADHERENCE - INTERVIEW No.8 (36 months +15 days)** |
| **Integrate with****narrative nursing (Area E)** |  | **Nursing****diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| Intentional factorsArea of disbelief and irrationality No [ ] Yes [ **]**  | **Specify:** **Rejection of disease [ ]** **Treatment refusal [ ] Misconceptions about drugs [ ]** **Patient is caregiver [ ]** **Excessive investment in work [ ]** **Excessive household load [ ]** **Other**\_\_\_\_\_ |  | Risk of non-adherence of the drug regimen related to intentional factors[ ] | ***Acceptance of disease and drug treatment***The patient should declare that he/she understands the importance of taking medication and is aware of the severity and chronicity of the disease | [ ] | [ ] | Show empathy with patient’s reaction to the disease (fear, amazement, disbelief, anger, sadness).Help patient become aware of their illness. Highlight irrational thoughts ("I'll never make it") and encourage adaptive thoughts ("I'll make it").Plan changes in small steps negotiated with patient. Establish a relationship of trust and mutual responsibility.Encourage functional/adaptive involvement of caregivers.. |
| Unintentional factorsArea of forgetfulness No [ ] Yes [ ]  | **Specify:** **Advanced age [ ]** **Memory deficit [ ]** **Unfavourable socio-economic context [ ]****More\_\_\_\_\_\_\_** |  | Risk of non-adherence of the drug regimen related to unintentional factors:[ ] | ***Importance of remembering drug therapy:***The patient should declare that he/she understands thimportance of taking medication and remembering the number, dose, times of taking medication using a specific means | [ ] | [ ] | Give information about self-monitoring (diaries, calendars, reminders, pill counter etc.) Try to establish the best way of adapting patient’s lifestyle to expected changes Use "teach back" technique.Establish a relationship of trust and mutual responsibility.Ensure involvement of caregivers. |

1) Scale scores: 0 for every positive answer; 1 for every negative answer. Totals: 1-2 = low adherence; 3-4= high adherence.

**When completing fields, ask yourself: Is there insufficient pharmacological information? Is there one or more factors of disbelief/irrationality? Forgetfulness?**

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| **AREA E: NARRATIVE NURSING ASSESSMENT - INTERVIEW No.8 (36 months +15 days)** |
| **INVESTIGATED AREA** | **INTERVIEW** | **KEY WORDS** | **STRINGS****(***summarise patient narratives by referring to relevant key words****)*** |
| **Adherence to treatment regimen (difficulty)** | Have you encountered any difficulties in taking the prescribed drugs? Which one(s) in particular? Would you care to tell me about it? | Perception of severity of health status.Sense of helplessness and lack of self-efficacy.Distrust in treatment regimen. Distrust in healthcare providers. Living limitations due to medication. Complexity of medication regimen. Cost of medications. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lifestyle changes (difficulties)** | Have you encountered any difficulties in coping with the planned lifestyle changes (e.g. . smoking, physical activity, diet)? Would you care to tell me about it? | Negative perception of personal resources, skills/abilities, and self-efficacy. , Lack of social support. Patient's caregivers. Excessive job investment. Excessive family burden.. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Coping strategies** | In general, how are you coping with disease-induced changes? What mental and behavioural strategies are you using? | Acceptance/rejection. Avoidance/denial. Active coping. Positive attitude. Transcendental orientation. Seeking social support.. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ALLIANCE FOR SECONDARY CARDIOVASCULAR PREVENTION IN EMILIA ROMAGNA**

**MULTIDIMENSIONAL NURSING FORM (MNF)**

**INTERVIEW No. 9**

**(48 MONTHS +15 DAYS)**

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| **AREA A:**  **CLASSIC CARDIOVASCULAR RISK FACTORS - INTERVIEW No.9****(48 months +15 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Therapeutic goal | **A (1)** | **M (2)** | **Nursing interventions** |
| **DIABETES**No [ ] Yes [ ] | If yes: New diagnosis? No [ ] Yes [ ] HbA1c \_\_\_\_\_\_\_\_% | Risk of new cardiovascular events related to diabetes**:**[ ] | **<6.5%** | [ ] | [ ] | Ensure that patient is in the care of diabetes centre.Nutrition and physical activity education.Education; controlling other cardiovascular risk factors. Encourage functional/adaptive involvement of caregivers during educational interventions and use **patient booklet Invite patient to undergo HbA1c testing before next interview.** |
| **ARTERIAL HYPERTENSION**No [ ] Yes [ ] | (3) Value\_\_\_\_\_\_\_\_\_\_\_mmHg  | Risk of new cardiovascular events related to arterial hypertension[ ] | **<130/80 mmHg** | [ ] | [ ] | Education: self-measuring blood pressure. Nutrition and physical activity education. Encourage functional/adaptive involvement of caregivers during educational interventions. Use **patient booklet** during educational interventions.**Refer patient to his/her GP /cardiologist if BP uncontrolled (see values recorded in patient diary)..** |
| **SMOKING** No [ ] Yes [ ] |  | Risk of new cardiovascular events related to smoking**:**[ ] | **Total abstention** | [ ] | [ ] | Encourage active involvement of caregivers during educational intervention. Use **patient booklet** during educational interventions.Use "5 A" and "5 R" (see narrative nursing assessment area).**After negotiating it with patient, refer patient to Anti-smoking Centre if goal not reached..** |
| **DYSLIPIDEMIA**No [ ] Yes [ ] | LDL \_\_\_\_\_\_mg/dL  | Risk of new cardiovascular events related to dyslipidemia [ ] | **<70 mg/dL** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use of the **patient booklet** during educational interventions.**Invite the patient to undergo LDL training before the next interview.** |
| **OBESITY**No [ ] Yes [ ] | Weight =\_\_\_\_\_\_\_\_kg Height =\_\_\_\_\_\_\_\_m BMI =\_\_\_\_\_\_\_kg/m2 (see chart) | Risk of new cardiovascular events related to obesity[ ] | **BMI****18-24,9** | [ ] | [ ] | Nutrition and physical activity education.Encourage functional/adaptive involvement of caregivers during educational interventions.Use of the **patient booklet** during educational interventions.**Refer patient to obesity centre if BMI >30 or unchanged from 25-29** |

(1) Goal to reach; (2) Goal to maintain; (3) Measure three times consecutively and record the third measurement (always measure both right and left arm blood pressure: if the values are different, record the highest).

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| **AREA B: ADDITIVE CARDIOVASCULAR RISK FACTORS - INTERVIEW No.9** **(48 months +15 days)** |
| **Nursing assessment** | Nursing diagnosis | Therapeutic goal | **A** | **M** | **Nursing interventions** |
| **Integrate with narrative nursing (Area E)** |
| **PHYSICAL ACTIVITY**  No [ ] Yes [ ] | If no:Physical disability? No [ ] Yes [ ] If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_  | Ineffective health maintenance related to physical activity[ ] | **At least 30 mins/day five times/week** | [ ] | [ ] | Reinforce physical activity education.Help patient recognise even small successes.Encourage active involvement of caregivers.Use **patient booklet** during educational interventions. |
| **DIET**(a) Fruit No [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fruit intake[ ] | **At least five servings/day of fruit and vegetables** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions |
| DIET(b) VegetablesNo [ ] Yes [ ] | No. of servings/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to vegetable intake[ ] | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions |
| DIET(c) Fish No [ ] Yes [ ] | No. of times/week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to fish intake[ ] | **At least twice a week** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions. |
| **ALCOHOL** No [ ] Yes [ ] |  No. of drinks/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ineffective health maintenance related to alcohol[ ] | **Max one drink/day****(1 small beer or 1 glass of wine)** | [ ] | [ ] | Nutrition education.Help patient recognise even small successes. Encourage active involvement of caregivers. Use **patient booklet** during educational interventions |

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| **AREA C: ADDITIVE PSYCHO-SOCIAL CARDIOVASCULAR RISK FACTORS - INTERVIEW No.9** **(48 months +15 days)** |
| **Nursing assessment** | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing interventions** |
| **Integrate with narrative nursing (Area E)** |
| ANXIETY No [ ] Yes [ ] | Score (1): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] | Actively listen to patient.Help patient express his/her thoughts and feelings by adopting a non-judgmental attitude. Be empathic.Help patient identify situations that could cause anxiety.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Encourage active involvement of caregivers.Establish diversionary activities with patient and/or caregivers  |
| DEPRESSIONNo [ ] Yes [ ] | Score (2): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]   | **No/low risk****0-4** | [ ] | [ ] |
| **ANGER/HOSTILITY** No [ ] Yes [ ] | Score (3): \_\_\_\_\_\_\_\_\_ | Mood alteration [ ]  | **No/low risk****0-4** | [ ] | [ ] |
| **PERSONALITY TYPE "A"**No [ ] Yes [ ] | Score (4): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]   | **No/low risk****0-4** | [ ] | [ ] | Help patient identify situations that could provoke a need for competition and social confirmation, a sense of urgency, impatience and/or hyper-activism.Identify unconstructive coping styles in managing stressful situations.Determine whether patient had any psychological problems before the onset of heart disease, and whether there are any family/occupational conflicts.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources - if possible with active involvement of caregivers.  |
| **PERSONALITY TYPE "D"**No [ ] Yes [ ] | Score (5): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Mood alteration [ ]  | **No/low risk****0-4** |   [ ] |   [ ] | Help patient identify situations that could give rise to negative affectivity and social inhibition. Identify non-constructive coping styles in managing stressful situations.Identify any maladjustment to social/occupational reality, or the absence of personal interests. Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources – if possible with involvement of caregivers. .  |
| **SELF-EFFICACY**No [ ] Yes [ ] | (6 Items)Score (6): \_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk****9-12** |  [ ] |  [ ] | Help patient to increase awareness of his/her abilities, strengths and resources for dealing with difficult situations. Co-define small objectives to be reached by negotiating and sharing the final goal. Identify areas in which self-efficacy is perceived as being better or worse.Help patient increase self-confidence. Encourage patient to cope with changes. Reinforce implemented changes, however small they may be. Encourage active involvement of caregivers. |
| **SOCIAL SUPPORT**No [ ] Yes [ ]Specify person(s) by whom you feel supported\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (6 Items) Score (7):\_\_\_\_\_\_\_\_\_\_\_ | Altered self-image [ ] Social isolation [ ]  | **Low risk****6-8** | [ ] |  [ ] | Determine the presence of highly demanding family/occupational pressures, and the availability of personal resources Evaluate the breadth of social network (how many people, their roles)Assess patient’s perception of the importance of social support. Evaluate nature of desired social support (informative, affective, instrumental, moral).Agree and plan moments of social interaction with patient.Actively involve caregivers and other supportive person(s). |
| **OTHER (8)** No [ ] Yes [ ] | Specify:\_\_\_\_\_\_\_\_\_\_\_ |  |  |  [ ] |  [ ] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

COMPLETE TABLE USING DATA EMERGING FROM PATIENT QUESTIONNAIRES

 (1) Anxiety scores (Q 1, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(2) Depression:scores (Q 1, item 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(3) Anger/hostility scores (Q.1, items 13-18): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(4) Type A personality scores (Q2, items 1-6): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low risk

(5) Type D personality scores (Q 2, items 7-12): 9-12 = high risk; 5-8 = moderate risk; 0-4 = low

#### From the second interview, if anxiety, depression, anger/hostility or personality A or D scores are 9-12 refer to psychologist

(6) Self-efficacy scores (Q.2, items 13-18): 0-4 = high risk; 5-8 = moderate risk; 9-12 = low risk

(7) Social support scores (Q 3): 0-2 = high risk, 3-5 = moderate risk; 6-8 = low risk

(8) Specify any other issues emerging from Area E Narrative nursing assessment (e.g. fear of the future, fear of dying, denial of illness)

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| **AREA D: PHARMACOLOGICAL ADHERENCE - INTERVIEW No. 9 (48 months +15 days)** |
| Nursing assessment | **Nursing diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| **Integrate with****narrative ursing (Area E)** | **Treatment adherence scale****1) Have you forgotten to take your medication in the last month**?**2)** Are you indifferent to the times you take your medications? **3)** When you feel better, do you sometimes stop taking your medications?**4)** When you feel worse, do you sometimes stop taking your medications? |
| Correctly taken: |  | Pharmacological education for patient.Give information about possible alterations/adverse events of drugs based on the type of patient.Identify with patient the most effective drug management strategies.Use patient N.II booklet.Use "teach back" technique with corrective feedback. Encourage functional/adaptive involvement of caregivers. |
| Cardioaspirin: No [ ] Yes [ ]  | **Intentional factors**Area of insufficient pharmacological information  No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| Antiplatelet agent: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  ACE inhibitor/sartan: No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Statin:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
|  **Beta blocker:**  No [ ] Yes [ ] | Intentional factorsArea of insufficient pharmacological information No [ ] Yes [ ]  | 1) \_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_3) \_\_\_\_\_\_\_\_\_\_4) \_\_\_\_\_\_\_\_\_\_TOTAL SCORE: | Risk of non-adherence to drug regimen [ ] | High ***therapeutic adherence***: score 3/4 | [ ] | [ ] |
| **Antidepressant:** No [ ] Yes [ ]  |  |  |
| **Anxiolytic:** No [ ] Yes [ ]  |  |

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| **AREA D: PHARMACOLOGICAL ADHERENCE - INTERVIEW No.9 (48 months +15 days)** |
| **Integrate with****narrative nursing (Area E)** |  | **Nursing****diagnosis** | Objective | **A** | **M** | **Nursing Interventions** |
| Intentional factorsArea of disbelief and irrationality No [ ] Yes [ **]**  | **Specify:** **Rejection of disease [ ]** **Treatment refusal [ ] Misconceptions about drugs [ ]** **Patient is caregiver [ ]** **Excessive investment in work [ ]** **Excessive household load [ ]** **Other**\_\_\_\_\_ |  | Risk of non-adherence of the drug regimen related to intentional factors[ ] | ***Acceptance of disease and drug treatment***The patient should declare that he/she understands the importance of taking medication and is aware of the severity and chronicity of the disease | [ ] | [ ] | Show empathy with patient’s reaction to the disease (fear, amazement, disbelief, anger, sadness).Help patient become aware of their illness. Highlight irrational thoughts ("I'll never make it") and encourage adaptive thoughts ("I'll make it").Plan changes in small steps negotiated with patient. Establish a relationship of trust and mutual responsibility.Encourage functional/adaptive involvement of caregivers. |
| Unintentional factorsArea of forgetfulness No [ ] Yes [ ]  | **Specify:** **Advanced age [ ]** **Memory deficit [ ]** **Unfavourable socio-economic context [ ]****Other\_\_\_\_\_\_\_** |  | Risk of non-adherence of the drug regimen related to unintentional factors[ ] | ***Importance of remembering drug therapy:***The patient should declare that he/she understands thimportance of taking medication and remembering the number, dose, times of taking medication using a specific means | [ ] | [ ] | Give information about self-monitoring (diaries, calendars, reminders, pill counter etc.) Try to establish the best way of adapting patient’s lifestyle to expected changes Use "teach back" technique.Establish a relationship of trust and mutual responsibility.Ensure involvement of caregivers. |

1) Scale scores: 0 for every positive answer; 1 for every negative answer. Totals: 1-2 = low adherence; 3-4= high adherence.

**When completing fields, ask yourself: Is there insufficient pharmacological information? Is there one or more factors of disbelief/irrationality? Forgetfulness?**

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| **AREA E: NARRATIVE NURSING ASSESSMENT - INTERVIEW No.9 (48 months +15 days)** |
| **INVESTIGATED AREA** | **INTERVIEW** | **KEY WORDS** | **STRINGS****(***summarise patient narratives by referring to relevant key words****)*** |
| **Adherence to treatment regimen (difficulty)** | Have you encountered any difficulties in taking the prescribed drugs? Which one(s) in particular? Would you care to tell me about it? | Perception of severity of health status.Sense of helplessness and lack of self-efficacy.Distrust in treatment regimen. Distrust in healthcare providers. Living limitations due to medication. Complexity of medication regimen. Cost of medications.. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lifestyle changes (difficulties)** | Have you encountered any difficulties in coping with the planned lifestyle changes (e.g. . smoking, physical activity, diet)? Would you care to tell me about it? | Negative perception of personal resources, skills/abilities, and self-efficacy. , Lack of social support. Patient's caregivers. Excessive job investment. Excessive family burden.. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Coping strategies** | In general, how are you coping with disease-induced changes? What mental and behavioural strategies are you using? | Acceptance/rejection. Avoidance/denial. Active coping. Positive attitude. Transcendental orientation. Seeking social support.. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Patient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Post-discharge interviews:** |
| No.2 (1 month + 10 days)  **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ Location: Hospital [ ] Elsewhere [ ] **Nurse**: |
| No.3 (3 months + 15 days) **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ Location: Hospital [ ] Elsewhere [ ] **Nurse**: |
| No.4 (6 months + 15 days)  **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ Location: Hospital [ ] Elsewhere [ ] **Nurse**: |
| No.5 (12 months + 15 days) **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ Location: Hospital [ ] Elsewhere [ ] **Nurse**: |
| No.6 (18 months + 15 days) **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ Location: Hospital [ ] Elsewhere [ ] **Nurse**: |
| No.7 (24 months + 15 days) **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ Location:Hospital [ ] Elsewhere [ ] **Nurse**: |
| No.8 (36 months + 15 days) **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ Location: Hospital [ ] Elsewhere [ ] **Nurse**: |
| No.9 (48 months + 15 days) **Date**: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/ Location: Hospital [ ] Elsewhere [ ] **Nurse:** |
| **Anti-smoking Centre appointments** | **Diabetology appointments** | **Psychology Clinic appointments** |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_/ 14.00 | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_/ 14.00 | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_/ 14.00 | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_/ 14.00 | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_/ 14.00 | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  |
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| **Dietetician appointments** | **Hypertension Clinic appointments** | **Other appointments \_\_\_\_\_\_\_\_\_\_)** |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_/ | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_/ |
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| **Anti-smoking Centre appointments** | **Diabetology appointments** | **Psychology Clinic appointments** |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  |
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| **Dietetician appointments** | **Hypertension Clinic appointments** | **Other appointments \_\_\_\_\_\_\_\_\_\_** |
| **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  | **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_/  |
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