revista de pesquisa ISSN 2175-5361

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

ORIGINAL ARTICLE *DOI:10.9789/2175-5361.rpcfo.v17.13954*

MAPPING OF NURSING DIAGNOSES IN PATIENTS AFFECTED BY ACUTE CORONARY SYNDROME

Mapeamento dos diagnósticos de enfermagem em pacientes acometidos por síndrome coronariana aguda

Mapeo de los diagnósticos de enfermería en pacientes afectados por síndrome coronario agudo

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RESUMO

Objetivo: identificar os Diagnósticos de Enfermagem presentes em pacientes com Síndrome Coronariana Aguda, com base na Teoria das Necessidades Humanas Básicas. **Método:** trata-se de um estudo descritivo, retrospectivo e quantitativo, baseado na análise 120 prontuários de paciente com síndrome coronariana aguda em uma Unidade de Pronto Atendimento de Campina Grande, na Paraíba, entre 2023 e 2024. A coleta compreendeu dados sociodemográficos, clínicos e exames, com base na teoria das Necessidades Humanas Básicas. A análise foi estatística e os Diagnósticos de Enfermagem seguiram a Nanda-I 2024-2026. **Resultados:** predominaram pacientes do sexo masculino, hipertensos e casados, com dor aguda como principal diagnóstico. A maioria dos diagnósticos relacionou-se com as funções vitais, como oxigenação e regulação cardiovascular.

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Received: 2025/05/04. **Accepted:** 2025/08/27

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How to cite this article: Inacio EDAS, Abdala EAR, Oliveira FMRL, Silva CJA, Cabral JVB, Barbosa KTF. mapping of nursing diagnoses in patients affected by acute coronary syndrome. R Pesq Cuid Fundam (Online). [Internet]. 2025 [cited year month day];17:e13954. Available from: https://doi.org/10.9789/2175-5361.rpcfo.v17.13954.

Conclusão: identificou-se oito diagnósticos nos pacientes, ressaltando a importância do Processo de Enfermagem para uma assistência eficiente.

DESCRITORES: Síndrome coronariana aguda; Diagnóstico de enfermagem; Processo de enfermagem.

ABSTRACT

Objective: to identify the nursing diagnoses in patients with Acute Coronary Syndrome based on the Theory of Basic Human Needs. **Methods:** this is a descriptive, retrospective, and quantitative study based on the analysis of 120 patient records of individuals with Acute Coronary Syndrome in an Urgent Care Unit in Campina Grande, Paraíba, Brazil, between 2023 and 2024. Data collected included sociodemographic, clinical, and exam information, guided by the Theory of Basic Human Needs. The analysis was statistical, and the nursing diagnoses followed the 2024-2026 version of the North American Nursing Diagnosis Association Classification. **Results:** most patients were male, hypertensive, and married, with acute pain as the primary diagnosis. Most diagnoses were related to vital functions, such as oxygenation and cardiovascular regulation. **Conclusion:** eight nursing diagnoses were identified, highlighting the importance of the Nursing Process for efficient care delivery.

DESCRIPTORS: Acute coronary syndrome; Nursing diagnosis; Nursing process

RESUMEN

Objetivo: identificar los diagnósticos de enfermería en pacientes con Síndrome Coronario Agudo, basado en la Teoría de las Necesidades Humanas Básicas. **Método:** estudio descriptivo, retrospectivo y cuantitativo, con análisis de 120 historias clínicas de pacientes atendidos en una Unidad de Emergencias en Campina Grande, Paraíba, entre 2023 y 2024. Se recopilaron datos sociodemográficos, clínicos y de exámenes, con análisis estadístico y aplicación de la clasificación NANDA-I 2024-2026. **Resultados:** predominaron pacientes masculinos, hipertensos y casados, con dolor agudo como diagnóstico principal. La mayoría de los diagnósticos se relacionaron con funciones vitales, como la oxigenación y la regulación cardiovascular. **Conclusión:** se identificaron ocho diagnósticos de enfermería, destacando la importancia del Proceso de Enfermería para una atención eficiente

DESCRIPTORS: Síndrome coronario agudo; Diagnóstico de enfermería; Proceso de enfermería

INTRODUCTION

Cardiovascular diseases (CVDs) are a group of conditions affecting the heart muscle and blood vessels.[1] They are directly associated with risk factors such as dyslipidemia, systemic arterial hypertension, hyperglycemia, smoking, diabetes, obesity, and a sedentary lifestyle.[2] Thus, many CVDs can be prevented or managed through lifestyle changes.[3]

CVD affects millions of people worldwide and remains one of the leading causes of death, accounting for approximately 7.4 million deaths annually. Projections indicate that by 2030, the number of deaths from CVD could reach 23 million globally. In Brazil, acute coronary syndrome (ACS) surpasses cerebrovascular accident (CVA) in mortality rate, accounting for 31% and 30% of deaths, respectively.[4]

ACS is a cardiovascular emergency characterized by ischemia resulting from the partial or complete obstruction of coronary arteries. Its pathophysiology is also related to the rupture of atherosclerotic plaques in the cardiac arteries. This mechanism results in a clot that compromises blood flow in various ways. Thus, ACS can manifest as ST-elevation myocardial infarction (STEMI), non-ST-elevation myocardial infarction (NSTEMI), or unstable angina.[5]

Oppressive chest pain is the main clinical manifestation observed in acute coronary syndrome (ACS), and it may radiate to the left and right arms and the mandible region. It can also be accompanied by symptoms such as intense sweating, nausea, abdominal discomfort, and episodes of presyncope.[6] Since chest pain can be a symptom of several diseases, an accurate approach is essential to differentiate between benign conditions and those that pose an imminent risk of death.[7] Thus, ACS is diagnosed by performing a standard 12-lead electrocardiogram (ECG) and testing cardiac markers, preferably within the first 10 minutes of evaluation. These tests are important for risk classification, screening, diagnosis, and management of patients with suspected ACS.[5]

Ensuring comprehensive and adequate care for these patients highlights the importance of a multidisciplinary team, especially nursing professionals who play a central role

in caring for patients with suspected ACS. This team's work extends from early identification of signs and symptoms and risk classification to optimizing the flow of care and providing pre-, during-, and post-reperfusion care. This ensures that patients receive appropriate treatment quickly and effectively. However, effective care requires a solid theoretical basis supported by protocols and conceptual models that guide professional practice.[10-12]

Considering this, the Nursing Process (NP), as defined in COFEN Resolution No. 736/2024, is a vital tool for organizing care. It allows for a structured, personalized approach to patients with ACS.[9] Among the theoretical models that support this process, Wanda Horta's Theory of Basic Human Needs is notable. This theory is based on the idea that nursing involves meeting human needs to help maintain balance in various situations.[10] It is worth noting that the NP comprises five interrelated, interdependent, and cyclical stages: evaluation, diagnosis, planning, implementation, and evolution of nursing.

The Nursing Diagnosis (ND) stage is an essential component of the care process. It allows for the precise identification of existing health problems, vulnerabilities, and opportunities for improvement. It also supports subsequent stages of the nursing process. These stages are planning, implementation, and evolution. They ensure coherence, effectiveness, and continuity in actions and results, allowing for timely adjustments during care.[9]

Considering the importance of nursing in the treatment of ACS and the necessity of improving diagnostic and therapeutic strategies, this study aimed to identify the nursing diagnoses present in patients with acute coronary syndrome based on the theory of basic human needs. Thus, this investigation is justified because surveying these diagnoses may support the development of more targeted and effective care plans, improving the quality of care provided and reducing complications associated with ACS.

Additionally, the study may support future research and training aimed at qualifying the nursing team, improving the diagnostic accuracy of nurses, and encouraging the use of theoretical nursing models in care practices.

METHOD

This descriptive, retrospective, quantitative study was developed from an analysis of the medical records of patients treated at the Emergency Care Unit in Campina Grande, Paraíba, Brazil. This unit is considered a gateway to cardiac emergencies. The study was conducted in accordance with the criteria for cross-sectional studies outlined in the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement.

The study population included all patients diagnosed with acute coronary syndrome and treated between March 2023 and March 2024. The sample size was determined using the simple sampling technique with a probabilistic approach. First, we identified the number of individuals with clinical manifestations compatible with ACS from the medical records to obtain the total number of visits. Next, we selected individuals with a confirmed medical diagnosis of one of the following conditions: unstable angina, acute myocardial infarction with ST-segment elevation, or non-ST-segment elevation myocardial infarction.

Then, we applied the following formula to determine the minimum sample size: $n = Z^2 PQ/d^2$, where n is the minimum sample size, Z is the reduced variable, P is the probability of finding the phenomenon studied, Q = 1 - P, and d is the desired precision. We adopted P = 50%, as it is a multidimensional evaluation, and a sampling error parameter of 5%.

The study included the medical records of patients of both sexes who were 18 years of age or older, had a medical diagnosis of acute coronary syndrome, and were treated at one of the emergency care units. However, medical records with a large amount of missing information were excluded from the study to avoid skewing the results. After analyzing the medical records, 384 people were diagnosed with ACS during the specified period. After conducting sample calculations, it was determined that a minimum of 120 medical records were needed for the study sample.

Data collection took place between April and July of 2024 through the analysis of medical records made available by the Medical Archive and Statistics Service of the unit under investigation. A structured instrument was adopted for this purpose, covering questions pertinent to the study's objectives, such as sociodemographic data (gender, age in complete years, and level of education), as well as associated clinical conditions (diagnosed diseases and vital signs at the time of admission).

Additionally, the characteristics of ACS, including clinical manifestations, laboratory tests, and electrocardiograms, were analyzed. The data instrument was designed according to Wanda de Aguiar Horta's Nursing Theory of Basic Human Needs to contemplate psychobiological, psychospiritual, and psychosocial needs.[10]

A quantitative approach was used for data analysis, employing descriptive statistics for all variables and calculating simple and mean frequencies. The Statistical Package for the Social Sciences (SPSS), version 20.0, was used for this analysis.

The Nursing Diagnoses were constructed using clinical and diagnostic reasoning, as well as the terms contained in NANDA-I, version 2024–2026. According to this classification system, nursing diagnoses must be formulated using a term from the focus axis and a term from the judgment axis. Terms from other axes may be added as needed, except for the middle and action axes. The Theory of Basic Human Needs was used as a reference for constructing the diagnoses.[10]

Ethical precepts standardized for research involving human beings were adopted as outlined in Resolution No. 466/2012 of the CNS/MS/Brazil to ensure secrecy and confidentiality of information. Since this is documentary research, the Informed Consent Form is waived. This study was approved under CAAE 76644223.0.0000.5187.

RESULTS

Of the 120 medical records examined, 70 (58.3%) were male patients, and the most common age group was 50 to 59 years old (24.2%). Regarding marital status, 52.2% of patients were married, and most lived in Campina Grande (98.3%). Additionally, 20.0% of patients had no comorbidities. The most prevalent clinical condition was systemic arterial hypertension, present in 41.1% of cases. This was followed by smoking (18.9%) and diabetes mellitus (16.8%).

Of the patients affected by acute coronary syndrome, seven Nursing Diagnoses were identified based on the NANDA-I taxonomy, considering the main clinical manifestations presented at the time of admission to the emergency department. The most prevalent diagnoses were acute pain (35.0%), impaired gas exchange (15.2%), and risk of impaired cardiovascular function (14.5%), as shown in Table 1.

Table 1 – Distribution of NANDA-I Nursing Diagnoses presented by patients affected by ACS. Campina Grande, PB, Brazil, 2024 (n=120)

Nursing Diagnosis	n	%
Acute pain	106	35,0
Impaired gas exchange	46	15,2
Risk of impaired cardiovascular function	44	14,5
Excessive anxiety	43	14,2
Risk of acute confusion	36	11,9
Ineffective breathing pattern	18	5,9
Excessive fatigue load	10	3,3
Total	**303***	**100**

* The total number is higher than the sample size because one individual could have more than one nursing diagnosis.

Of the observed diagnoses, six (85.8%) are related to psychobiological needs. Two (28.5%) refer to oxygenation, and one refers to vascular regulation. The remaining diagnoses are distributed among exercise and physical activity, neurological regulation, and pain perception, with one diagnosis in each category. The eighth diagnosis falls under psychosocial needs, specifically emotional security (Table 2).

Regarding diagnoses belonging to the category of basic human need for oxygenation, the most prevalent diagnostic indicators in the Nursing Diagnosis (ND) Impaired Gas Exchange were pain (35.7%), heart disease (28.1%), and diaphoresis (10.7%). For the ineffective respiratory pattern ND, the main indicators were pain (47.2%), followed by heart disease (37.3%), and hypoxemia (7.6%) (Table 2). Regarding the ND impaired cardiovascular function risk, the indicators hypertension (21.5%), cisgender men (19.8%), and elderly people (18.7%) stood out (Table 2).

For the ND excessive fatigue load, the most prevalent indicators were unaddressed pain (47.3%), excessive stress

(46.8%), and decreased attention (4.9%). For the ND of risk for acute confusion, the main factors were severe pain (41.7%), male gender (27.8%), and advanced age (26.2%).

Only three indicators were extracted from the medical records for the diagnosis of acute pain, all belonging to the category of defining characteristics. The most prevalent indicator was "pain characteristics assessed by a standardized and validated assessment instrument" (44.5%). Finally, excessive anxiety was the only psychosocial diagnosis observed related to the need for emotional security. Pain was the main indicator (24%), followed by excessive stress (23.7%) and increased blood pressure (17.8%) (Table 2).

Table 2 – Distribution of diagnostic indicators by NANDA-I Nursing Diagnoses and Basic Human Need, presented by patients affected by ACS. Campina Grande, PB, Brazil, 2024 (n=120)

Basic Human Need	Nursing Diagnosis	Diagnostic indicators	n	%
Oxygenation	Impaired gas exchange	Diaphoresis[1]	32	10,7
		Tachycardia[1]	19	6,3
		Hypoxemia[1]	17	5,6
		Confusion[1]	11	3,6
		Altered respiratory rate[1]	9	3,0
		Ineffective breathing pattern[2]	9	3,0
		Tachypnea[1]	6	2,0
		Bradypnea[1]	3	1,0
		Pain[2]	105	35,7
		Heart disease[5]	83	28,1
		Total	**294**	**100**
	Ineffective breathing pattern	Pain[2]	105	47,2
		Heart disease[5]	83	37,3
		Hypoxemia[1]	17	7,6
		Tachypnea[1]	6	2,7
		Hyperventilation[1]	5	2,3
		Bradypnea[1]	3	1,4
		Anxiety[2]	1	0,5
		Respiratory muscle fatigue[2]	1	0,5
		Hypoventilation[1]	1	0,5
		Total	**222**	**100**

Basic Human Need	Nursing Diagnosis	Diagnostic indicators	n	%
Vascular regulation	**Risk of impaired cardiovascular function**	Hypertension[5]	76	21,5
		Cisgender men[4]	70	19,8
		Elderly[4]	66	18,7
		Postmenopausal individuals[4]	45	12,7
		Tobacco use[3]	35	9,9
		Diabetes mellitus[5]	31	8,8
		Inadequate self-management of blood pressure[3]	14	4,0
		Subjects with a history of cardiovascular event[4]	13	3,9
		Ineffective management of blood glucose[3]	2	0,5
		Excessive anxiety[3]	1	0,2
		Total	**323**	**100**
Painful perception	**Acute pain**	Pain characteristics assessed by a standardized and validated assessment instrument[1]	105	44,5
		Altered physiological parameter[1]	99	42,0
		Diaphoresis[1]	32	13,5
		Total	**236**	**100**
Exercise and physical activity	**Excessive fatigue load**	Unaddressed pain[2]	105	47,3
		Excessive stress[2]	104	46,8
		Decreased attention[1]	11	4,9
		Increased physical symptoms[1]	1	0,5
		Excessive anxiety[2]	1	0,5
		Total	**222**	**100**
Neurological regulation	**Risk of acute confusion**	Severe pain[3]	105	61,4
		Individuals ≥ 60 years old[4]	66	38,6
		Total	**171**	**100**
Emotional security	**Excessive anxiety**	Pain[2]	105	24,0
		Excessive stress[2]	104	23,7
		Increased blood pressure[1]	78	17,8
		Nausea[1]	43	9,8
		Chest tightness[1]	33	7,5
		Increased perspiration[1]	32	7,3
		Increased heart rate[1]	19	4,3
		Confusion[1]	11	2,5
		Altered breathing pattern[1]	10	2,3
		Tingling of the extremities[1]	2	0,5
		Concern about changes in life events[1]	1	0,3
		Total	**438**	**100**

Subtitle: 1 – Defining characteristic, 2 – Related factor, 3 – Risk factor, 4 – Population at risk 5 – Associated conditions

DISCUSSION

Acute coronary syndrome (ACS) refers to a group of clinical and laboratory symptoms resulting from acute myocardial ischemia. ACS is a highly prevalent condition with a significant impact on mortality, posing a substantial risk to public health. Due to fear of diagnosis, many individuals avoid seeking specialized care, which can delay crucial interventions and increase the risk of complications.[1,10]

ACS is thus a cardiac emergency with a high morbidity and mortality rate. It is responsible for many deaths from cardiovascular disease, especially in underdeveloped countries, which account for more than 80% of cases.[1-3] Corroborating the findings of the present study, epidemiological studies indicate a predominance of ACS in male patients compared to females. This is possibly due to women's greater attention to health, leading them to seek medical services more frequently and adopt preventive strategies. Additionally, female hormones have a protective effect against coronary artery disease (CAD) during the reproductive period.[8]

The increased incidence of chronic noncommunicable diseases (NCDs), such as systemic arterial hypertension, diabetes mellitus, and dyslipidemias, as well as smoking, are risk factors strongly associated with ACS, as reflected in the sociodemographic characteristics presented in this study. These factors contribute to endothelial dysfunction and the development of atherosclerosis, which are fundamental mechanisms in the pathophysiology of the syndrome.[11,12]

The findings of this study corroborate existing literature. A cohort study of 400 patients complaining of chest pain showed hypertension to be the most prevalent comorbidity (51.5%), followed by hyperlipidemia (45.2%) and diabetes (31.5%).[13] The only difference was in terms of smoking, which occupied the second position in terms of prevalence in the present study. Furthermore, these results are consistent with the findings of another study indicating that more than half of individuals affected by ACS have hypertension (59.46%), followed by diabetes mellitus (32.43%).[14]

Therefore, chronic conditions and smoking deserve to be highlighted as important risk factors for ACS development. These factors are commonly associated with cardiac catheterization in emergency situations because they increase the likelihood of coronary artery disease (CAD). Additionally, smokers are more likely to require invasive procedures upon admission to the emergency room.[14-15]

Atherosclerosis is the main cause of ACS. It is a pathological process that begins in childhood and worsens throughout life. Risk factors and mechanical injuries can cause the vascular endothelium to become dysfunctional, favoring the formation of atheromatous plaques. These plaques can evolve to reduce blood flow, causing stable angina pectoris, and lead to serious complications such as plaque rupture. Rupture can precipitate thrombotic events and acute myocardial infarction.[16] Vulnerable plaques have a larger lipid core, higher inflammatory cell concentration, fewer smooth muscle cells, and thinner fibrous capsules compared to stable plaques. Thus, the pain experienced by these patients is directly related to cardiac ischemia. Less common cases of ACS are caused by coronary dissection, arteritis, myocardial bridge, thromboembolism, and vasospasm.[15]

Since the signs and symptoms presented by patients are essential for identifying the clinical picture and planning care, it is important to emphasize the relevance of the Nursing Care Systematization (NCS) in organizing and executing care for patients with ACS. The Nursing Process (NP), an integral part of the NCS, is a methodological tool that guides the care of critically ill patients. Through the NP's stages of assessment, diagnosis, planning, implementation, and evaluation, nurses can identify priority problems, establish targeted interventions, and continuously monitor results.[14]

Early identification of the signs and symptoms of ACS is essential for patient prognosis. The NP plays a fundamental role in organizing and executing care by allowing for systematic evaluation, diagnosis, and implementation of appropriate interventions. In this context, the present investigation identified seven priority nursing diagnoses (NDs) for the patients evaluated.

An observational study conducted with patients with ACS in a Brazilian public hospital corroborates this finding. The study showed that 84% of patients had the nursing diagnosis of activity intolerance at risk, and 80% had the nursing diagnosis of decreased cardiac tissue perfusion at risk. These patients also experienced arrhythmia, dyspnea, pain, altered blood pressure, and altered heart rate.[15] These data are similar to the diagnostic indicators of NDs at risk for impaired cardiovascular function and ineffective breathing patterns observed in the present study.

Another study carried out at the University Hospital of Rio de Janeiro listed ten NDs in patients with coronary artery disease and identified the following NDs in the studied population: risk of activity intolerance, anxiety, fear, activity intolerance, ineffective breathing pattern, impaired physical mobility, impaired ambulation, nausea, impaired urinary elimination, and diarrhea.[16] Excessive anxiety and ineffective breathing pattern NDs were also identified in our study, which reinforces the similarity of the findings and

suggests the presence of common clinical patterns among the analyzed patients.

Acute pain, evidenced in 88.3% of the patients in this study, was characterized using a standardized pain instrument, altered physiological parameters, and diaphoresis. A study of patients in a cardiac intensive care unit found that 68% reported pain as the main stressor, triggering restlessness, anxiety, insomnia, irritability, tachycardia, tachypnea, and hypertension.[17]

A study conducted in Ceará also evidenced chest pain as an invariable symptom presented by all patients (110).[18] Em outro estudo observacional, com dados clínicos extraídos do prontuário eletrônico de 750 pacientes no departamento de emergência, a dor no peito tipo angina foi relatada por 94% dos pacientes com diagnóstico confirmado de ACS.[19] Tal manifestação clínica está diretamente relacionada ao ND dor aguda, que pode ser decorrente de um dano miocárdico tecidual real ou potencial. Ademais, a dor aguda associa-se a outras características definidoras que influenciam no delineamento de outros ND, como troca de gases prejudicada, padrão respiratório ineficaz, carga excessiva de fadiga, risco de confusão aguda e ansiedade excessiva.

Another observational study with clinical data extracted from the electronic medical records of 750 emergency department patients found that 94% of those with a confirmed diagnosis of ACS reported angina-like chest pain.[19] This clinical manifestation is directly related to acute pain neuropathies (NDs), which may be due to actual or potential myocardial tissue damage. Additionally, acute pain is associated with characteristics that influence the design of other NDs, such as impaired gas exchange, ineffective breathing patterns, excessive fatigue, risk of acute confusion, and excessive anxiety.

Accurately identifying clinical parameters is essential for establishing Nursing Diagnoses and the Nursing Process to guide care, enabling timely interventions that are crucial for critical patients' outcomes. The establishment of NDs is the basis for judgment and clinical reasoning in professional nursing practice, standardizing care and conferring scientific validity and autonomy. It also optimizes patient safety and the efficiency of health services, providing comprehensive, effective, patient-centered care.[20]

CONCLUSION

The present study allowed us to compile a list of the primary nursing diagnoses for patients with acute coronary syndrome who were receiving care in an emergency unit, using the NANDA-I terminology. The sociodemographic profile and clinical manifestations were considered, anchored in nurses' critical-reflective thinking from a care perspective.

Analyzing the medical records allowed us to identify seven nursing diagnoses: acute pain, impaired gas exchange, risk of impaired cardiovascular function, excessive anxiety, risk of acute confusion, ineffective breathing pattern, and excessive fatigue load. These diagnoses demonstrate the complexity of the clinical picture and the necessity of a systemic approach to nursing care.

The results of this study demonstrate the importance of applying the nursing process to care for patients with ACS, enabling interventions that are both individualized and supported by scientific knowledge. Defining nursing diagnoses enhances assertiveness in clinical decision-making, supporting safer, more effective care.

One limitation of the present study is its geographic scope, which may restrict interpretation of the data to a local perspective. Additionally, the study's design allows for a single view of the data without the possibility of longitudinal follow-up. Moreover, the presence of underreported data in medical records highlights the need to improve nursing care practices and record-keeping by using standardized, recognized instruments to consolidate nursing as a science and improve care.

Nevertheless, this study can support professional care and establish a framework for developing the nursing process in urgent and emergency scenarios.

REFERENCES

1. Oliveira GMM, Brant LCC, Polanczyk CA, Malta DC, Biolo A, Nascimento BR, et al. Estatística Cardiovascular - Brasil 2023. Arq Bras Cardiol. [Internet]. 2024 [cited 2025 mar 11];121(2). Available from: https://www.scielo.br/j/abc/a/jzFMcdN5y3w6CtjVgdJdSdR/?lang=pt.

2. Arnett DK, Blumenthal RS, Albert MA, Buroker AB, Goldberger ZD, Hahn EJ, et al. 2019 ACC/AHA guideline on the primary prevention of cardiovascular disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Circulation. [Internet]. 2019 [cited 2025 mar 11];140(11). Available from: https://www.ahajournals.org/doi/10.1161/CIR.0000000000000678.

3. Mattos A, Amatuzzi E, Corrêa V, Nunciaroni A. Consulta de enfermagem na percepção da pessoa com doença cardiovascular. Rev Enferm Ref. [Internet]. 2022 [cited 2025 mar 11];VI Série(1). Available from: https://revistas.rcaap.pt/referencia/article/view/29133.

4. Cunha GH, Ramalho AKL, Cruz AMM, Lima MAC, Franco KB, Lima RCRO. Diagnósticos de enfermagem segundo a teoria do autocuidado em pacientes com infarto do miocárdio. Aquichan. [Internet]. 2018 [cited 2018 apr 25];18(2). Available from: http://repositorio.ufc.br/bitstream/riufc/34336/1/2018_art_ghcunha.pdf.

5. Demirdöven BT, Koca U. Acute coronary syndrome. Op Acc J Bio Sci Res. [Internet]. 2020 [cited 2025 mar 11];2(1). Available from: https://doi.org/10.5281/zenodo.XXXX.

6. Reggi S, Stefanini E. Diagnóstico das síndromes coronarianas agudas e modelo sistematizado de atendimento em unidades de dor torácica. Rev Soc Cardiol. 2016;26(2).

7. Ribeiro KRA, Silva LP, Lima MLS. Knowledge of acute myocardial infarction: implications for nursing care. Rev Enferm UFPI. 2016;5(4).

8. Rosa RS, Macedo DA, Oliveira BG, Bomfim ES, Casotti CA, Prado IF. Evidências para o cuidado de enfermagem na avaliação do risco coronariano em pacientes hospitalizados. Rev Pesq Cuid Fundam Online. [Internet]. 2016 [cited 2025 mar 15];8(2). Available from: https://seer.unirio.br/cuidadofundamental/article/view/4647.

9. Conselho Federal de Enfermagem (Brasil). Resolução COFEN nº 736, de 17 de janeiro de 2024. Dispõe sobre a implementação do Processo de Enfermagem em todo contexto socioambiental onde ocorre o cuidado de enfermagem. Brasília: COFEN; 2024 [cited 2025 apr 23]. Available from: https://www.cofen.gov.br/resolucao-cofen-no-736-de-17-de-janeiro-de-2024/.

10. Horta WA. Processo de enfermagem. São Paulo: EPU; 1979.

11. Kagansky N, Mazor D, Wajdi A, Yaron YM, Sharfman M, Baran TZ, et al. Predictive factors and risk assessment for hospitalization in chest pain patients admitted to the emergency department. Diagnostics. [Internet]. 2024 [cited 2025 mar 11];14(23). Available from: https://doi.org/10.3390/diagnostics14232733.

12. Rivera DIC, Rojas LMJ, Zambrano LYC, Barón JVA, Gómez DIC, Rojas LZ. Clinical validation of the defining characteristics of the nursing diagnosis 'Activity intolerance' in patients with acute coronary syndrome. Nurs Open. [Internet]. 2024 [cited 2025 mar 11];11(12). Available from: https://doi.org/10.1002/nop2.70050.

13. Rassi DDC, Freitas AF Jr, Rassi S. A importância da caracterização da dor torácica na conduta em angina instável. Arq Bras Cardiol. [Internet]. 2024 [cited 2024 jan 01];121(3). Available from: https://doi.org/10.36660/abc.20240168.

14. Soares RPG, Silva LML, Pimentel MEW, Brandão BML. Análise dos registros perioperatórios baseados na sistematização da assistência de enfermagem perioperatória: estudo transversal. Rev Enferm UERJ. [Internet]. 2024 [cited 2024 jul 24];32:e81089. Available from: https://doi.org/10.12957/reuerj.2024.81089.

15. Emidio SCD, Giovanini LP, Lima PRG, Gonçalves JL, Oliveira-Kumakura ARS. Risk for decreased cardiac tissue perfusion and activity intolerance: association study. Av Enferm. [Internet]. 2021 [cited 2025 mar 11];39(3). Available from: https://doi.org/10.15446/av.enferm.v39n3.94571.

16. Hamadé DCE, Moraes CS, Martins MOD, Costa CCP. Diagnósticos de enfermagem com pacientes coronariopatas à luz da teoria de Callista Roy. Rev Fun Care Online. [Internet]. 2020 [cited 2020 dec 31];12. Available from: http://dx.doi.org/10.9789/2175-5361.rpcfo.v12.7137.

17. Brito NNS, Soares SSS, Carvalho EC, Souza DG, Franco AS, Almeida LF, et al. Environmental stressors in a cardio-intensive unit and nursing care planning: a descriptive study. Online Braz J Nurs. [Internet]. 2021 [cited 2025 mar 11];20:e20216539. Available from: https://doi.org/10.17665/1676-4285.20216539.

18. Frazão RDF, Abreu RNDC, Cavalcante TMC, Sampaio LRL. Avaliação e desfecho dos pacientes atendidos no serviço de emergência com queixa de dor torácica. Rev Enferm Aten Saude. [Internet]. 2022 [cited 2022 feb 07];10(3). Available from: https://doi.org/10.18554/reas.v10i3.4770.

19. Frisch SO, Brown J, Faramand Z, Stemler J, Sejdić E, Martin-Gill C, et al. Exploring the complex interactions of baseline patient factors to improve nursing triage of acute coronary syndrome. Res Nurs Health. [Internet]. 2020 [cited 2025 mar 11];43(4). Available from: https://doi.org/10.1002/nur.22045.

20. Manzoli JPB, Montanari FL, Carvalho LAC, Ferreira RC, Ribeiro E, Duran ECM. Disturbed sleep pattern (000198): content analysis in patients with acute coronary syndrome. Texto Contexto Enferm. [Internet]. 2020 [cited 2025 jan 01];29. Available from: https://doi.org/10.1590/1980-265x-tce-2018-0345.