Introduction
Patients who are suffering from acute myocardial infarction (AMI) should be admitted to coronary care unit (CCU) directly for receiving more specialized care from the cardiology nurses. In Princess Margaret Hospital (PMH), AMI patients may be admitted to cardiac ward or even general ward during the acute phase, due to the shortage of CCU bed. The clinical indicators showed that there is room for improvement in AMI patients treated in PMH. The development of AMI care plan cannot be delayed, to help nurses to standardize their care & treatment to all AMI patients, prevent the avoidable complications and empower the patients to return to their life.

Objectives
To improve & standardize patient care for all patients with AMI. To enhance the competency for all nurses in care of AMI patients. To improve patient satisfaction through improved patient education and training.

Methodology
In May 2013, the AMI care plan was developed with 6 commonly nursing diagnosis were identified. They were “Chest Pain” “Anxiety / Fear” “Arrhythmia” “Activity Intolerance related to limitations” “Knowledge Deficit” and “Complication of Thrombolytic Therapy”. 10 patients were randomly recruited for pilot in CCU. Feedbacks from nurses were gathered, and the care plan was revised. From June 2013 onwards, the care plan was implemented for all AMI patients admitted to CCU and cardiac bed.
**Result**

There were 40 samples were randomly selected for the evaluation of compliance rate & patient satisfaction. It was encouraging that the overall compliance rate was 100%. The evaluation showed all AMI patients with the clinical status and vital signs monitored continuously. Signs & symptoms of AMI were identified and monitored. The regularly reviewed according to patient’s need and condition were showed in every duty shift. The continuity of care was maintained. Complications and abnormalities for the AMI patient were early identified with prompt management. Education on symptoms management and daily self-care were provided. Patients and their relative were involved in the care plan. Cardiac rehabilitation program Phase I and II were referred for on-going support. Accurate and completed records were kept. From the view of patients, 38 (95%) patients agreed or strongly agreed that they & their significance were well explained for the disease and their care plan. 38 (95%) patients agreed or strongly agreed that the training and education empowered them in the future life. The development of care plan can enhance the comfort and competent for all nurses in care and treat patient with AMI. Ultimately, all AMI patients can receive the most standard & quality nursing care even though they are not admitted to CCU.