

**Beebe Healthcare**  
**Margaret H. Rollins School of Nursing**  
**Nursing 102-Nursing Care of Adults**  
**Research Paper: Topical Outline Template**

1. **Title of the paper:** Heart Failure: Clinical Burden, Management Strategies, and Nursing Implications
2. **Thesis Statement:** Heart failure remains a major global health challenge, but evidence-based pharmacologic and non-pharmacologic interventions combined with strong nursing involvement in education, adherence support, and early detection can significantly improve patient outcomes and reduce hospitalizations.
3. **Introduction:**
  - a. Key points/ background information
    - i. Heart failure is a complex clinical syndrome characterized by the heart's inability to meet metabolic demands (Chen & Aronowitz, 2022).
    - ii. It affects diverse populations, including older adults and special populations requiring tailored management (Dugal et al., 2024).
    - iii. Despite therapeutic advances, heart failure continues to cause high morbidity, mortality, and hospital readmission rate. (Lisi et al., 2025).
  - b. Thesis Statement
    - i. Heart failure remains a major global health challenge, but evidence-based pharmacologic and non-pharmacologic interventions combined with strong nursing involvement in education, adherence support, and early detection can significantly improve patient outcomes and reduce hospitalizations.
4. **Body of the paper:**
  - a. **Statement of the Problem**
    - i. Overview of the problem
      1. Heart failure is a leading cause of hospitalization and chronic illness worldwide (Chen & Aronowitz, 2022).
      2. Patients often experience progressive symptoms requiring lifelong management (Code et al., 2025).
      3. Special populations including older adults face additional challenges such as polypharmacy and functional decline (El Hussein & Dhaliwal, 2025).
    - ii. Significance of the topic
      1. Heart failure affects millions and places a lot of burden on healthcare systems (Chen & Aronowitz, 2022).
      2. Nurses frequently manage heart failure patients across acute, outpatient, and community settings.
      3. Improving patient understanding and self-management is essential to reducing readmissions (Code et al., 2025).

- iii. Statistical information
  - 1. People that most likely to have heart failure based on genetic and non-genetic cases. (Chen & Aronowitz, 2022)
  - 2. Leading cause of hospitalization in older adults (El Hussein & Dhaliwal, 2025)
  - 3. Persistent mortality and rehospitalization despite advances (Lisi et al., 2025)
- iv. If left untreated how would this affect the nursing community?
  - 1. Increased progression of diseases overtime, heavier workload (Chen & Aronowitz, 2022; El Hussein & Dhaliwal, 2025)
  - 2. Higher readmission rates, strain on staffing and resources (Code et al., 2025)

## **b. Risk Reduction/ Treatment of the Problem**

- i. Prevention
  - 1. Risk-factor modification: BP, diabetes, obesity (Chen & Aronowitz, 2022)
  - 2. Lifestyle modification: diet, sodium restriction, physical activity (Dugal et al., 2024)
  - 3. Smoking cessation; avoidance of cardiotoxic exposures (Chen & Aronowitz, 2022)
  - 4. Early education on symptom recognition (Code et al., 2025)
- ii. Screening
  - 1. Routine assessment: dyspnea, edema, fatigue (Chen & Aronowitz, 2022)
  - 2. Screening high-risk older adults (El Hussein & Dhaliwal, 2025)
  - 3. Diagnostic testing: echocardiography, biomarkers (Lisi et al., 2025)
  - 4. Monitoring comorbidities influencing HF progression (Dugal et al., 2024)
- iii. Treatment
  - 1. Guideline-directed pharmacotherapy, foundational HF drug classes (Lisi et al., 2025)
  - 2. Non-pharmacologic therapy: diet, exercise, fluid/sodium management (Dugal et al., 2024)
  - 3. Adherence-support interventions for older adults (El Hussein & Dhaliwal, 2025)
  - 4. Plain-language education to improve self-management (Code et al., 2025)
- iv. What is the impact this research has on patient care?
  - 1. Choosing heart-healthy diet: sodium restriction, weight control (Dugal et al., 2024)
  - 2. Regular physical activity; tailored exercise (Dugal et al., 2024)
  - 3. Medication adherence; daily symptom monitoring (El Hussein & Dhaliwal, 2025)

4. Avoidance of smoking and harmful substances (Chen & Aronowitz, 2022)

**c. Teaching**

- i. 2 learning objectives for the learner
  1. Learner will identify HF symptoms and risk factors after instruction (Chen & Aronowitz, 2022)
  2. Learner will demonstrate correct self-monitoring behaviours (daily weight, symptom log) (El Hussein & Dhaliwal, 2025)
- ii. Teaching strategies/ methods you will utilize.
  1. Plain-language explanations; teach-back method (Code et al., 2025)
  2. Case-based discussion of HF scenarios (Chen & Aronowitz, 2022)
  3. Collaborative problem-solving for adhering even with barriers (El Hussein & Dhaliwal, 2025)
- iii. Teaching tools you will utilize.
  1. Printed handouts summarizing medications and lifestyle guidance (Lisi et al., 2025, Dugal et al., 2024)
  2. Visual diagrams of heart function and symptom progression (Chen & Aronowitz, 2022)
  3. Monitoring tools: weight logs, symptom diaries, medication schedules (El Hussein & Dhaliwal, 2025)

**5. Conclusion**

- a. Summarize the main points of the paper
  - i. Impact of HF on daily life (Chen & Aronowitz, 2022)
  - ii. Importance of combined pharmacologic and non-pharmacologic care (Lisi et al., 2025; Dugal et al., 2024)
  - iii. Essential nursing role in education, adherence, monitoring (El Hussein & Dhaliwal, 2025; Code et al., 2025)
- b. How does this information apply to evidence-based nursing practice?
  - i. Supports early recognition of HF symptoms; improves assessment accuracy (Chen & Aronowitz, 2022)
  - ii. Guides use of guideline-directed therapies and adherence interventions (Lisi et al., 2025; El Hussein & Dhaliwal, 2025)
  - iii. Enhances patient education using plain-language, culturally appropriate communication (Code et al., 2025; Dugal et al., 2024)
- c. What is the importance of this paper?
  - i. Collects current evidence on HF prevention, screening, and treatment (Chen & Aronowitz, 2022; Lisi et al., 2025)
  - ii. Highlights critical nursing roles in adherence support, monitoring, and patient empowerment (El Hussein & Dhaliwal, 2025; Code et al., 2025)

- iii. Provides foundation for effective teaching strategies and health-fair education on HF management (Dugal et al., 2024; Code et al., 2025)

## References

Chen, J., & Aronowitz, P. (2022). Congestive heart failure. *Medical Clinics of North America*, 106(3), 447–458.

Code, J., Sauer, A.J., Mentz, R.J., & Monroe, R.E. (2025, October 1). Navigating heart failure: A plain-language summary to empower people with heart failure. *Heart Failure Reviews*, 30(6), 1539-1557. <https://doi.org/10.1007/s10741-025-10567-2>

Dugal, J.K., Malhi, A.S., Ramazani, N., Yee, B., DiCaro, M.V., Lei, K., Tudoran, C., & Anghel, L. (2024, November 20). Non-Pharmacological Therapy in Heart Failure and Management of Heart Failure in Special Populations. A Review. *Journal of Clinical Medicine*, 13(22), 6993. <https://doi.org/10.3390/jcm13226993>

El Hussein, M. T., & Dhaliwal, S. (2025). Enhancing adherence: Evaluating interventions for heart failure management in older adults. *Geriatric Nursing*, 68, 103779. <https://doi.org/10.1016/j.gerinurse.2025.103779>

Lisi, D. L., Gaddis, K., & Abdou, M. H. (2025). Heart failure pharmacotherapy. *Medical Clinics of North America*, 109(6), 1219–1239.

