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Firelands Regional Medical Center School of Nursing

AMSN 2022

Unit 6: Heart Failure online assignment (1.5H)

Directions:

- Read Lewis Chapter 34, review ATI Pharmacology Made Easy 4.0: Cardiovascular Module: Drug Therapy for Heart Failure, and review the Unit 6 Pharmacology List.
- Utilizing the resources above, complete the case study. There will be many items for each question.
- Utilizing the Pharmacology List and ATI/Skyscape, complete three ATI Medication Templates from the Pharmacology List.
- This assignment is due in the Unit 6: HF assignment drop box by March 14, 2022 at 0800.
- Be prepared to discuss this assignment in class.
- You must complete the assignment in full to receive the 1.5H theory credit.

CASE STUDY:

Frannie Failure, a patient on 4P, calls the nurse and states, “I feel really puffy. My rings feel so tight on my fingers and I am having trouble catching my breath.” The patient is lying flat in the bed and is alert and oriented x 3. NS @ 125mL/HR running.

Assessment:

- Vital Signs: T 97.9 oral, HR 120, RR 24, SpO2 86% RA, BP 152/94, pain 0/10.
- Respiratory: Lung sounds- crackles throughout bilaterally, non-productive cough.
- Cardiac: Heart sounds- S3, pedal pulses not palpable, 3+ pitting edema bilateral feet and ankles.
- Skin intact, pale and cool.
- Gastrointestinal: Bowel sounds x4 WNL, BM yesterday morning.
- Intake/Output: Patient has had 900ml in and 200ml out.

- 1. What additional information would you want to know?**

Additional information I want to know is:

- What is Frannie's medical history?
- Does Frannie smoke?
- What medications is Frannie taking currently?
- What type of activity has Frannie done today?
- Are there any diagnostic test ordered?
- What type of diet is Frannie on?

2. What assessment/ interventions would be appropriate for this patient?

- Does Frannie have a past medical history of CAD, HTN, CHF, diabetes, hyperlipidemia, renal disease, thyroid/ lung disease, rapid or irregular heart rate?
- Is Frannie adhering with her heart medications if she is on them? Use of diuretics, estrogens, corticosteroids, NSAIDs, or herbal supplements.
- Assess her heart and lung sounds
- Reassess her edema
- Sit Frannie upright to help with her breathing. If her pulse oxygen was still below 90% then apply a nasal cannula to help.
- Apply SCD's or compression stockings to help improve blood flow to her lower extremities.
- Notify the HCP
- Pause the NS that is running at 125mL/Hr
- Encourage coughing and deep breathing exercises.

3. What would you anticipate the healthcare provider to order?

- CBC
- Chest X-ray
- BNP
- Echocardiogram
- ECG
- Low sodium diet
- Diuretic

4. What medications would be appropriate for this patient (include all pertinent from the Pharmacology List) ? Doses? Nursing Interventions? You will pick three of these medications to complete the ATI Medication Templates.

- Captopril, Lisinopril, Enalapril: 5mg- start with a low dose, diuretics may be stopped before giving an ACE inhibitor, monitor BP after first dose, manage sever hypotension by expanding blood volume with IV fluids, monitor for dry cough, D/C if angioedema occurs, monitor potassium levels, monitor WBC every 2 weeks for the first 3 months of therapy, and give one hour before meals.

-Losartan, Valsartan:50mg- D/C if angioedema occurs, monitor for CNS effects, monitor BP before administering, manage severe hypotension with IV fluid therapy, and can be given with or without food.

-Digoxin:15mcg- know that vomiting can cause hypokalemia which increases risk for digoxin toxicity, monitor for GI complications, monitor for CNS effects, take apical pulse for one full minute before administering; withhold if pulse is below 60bpm, monitor digoxin levels, monitor potassium levels, and monitor cardiac rhythm.

-Diltiazem:60mg- monitor cardiac rhythm and vital signs, patient is supine for one hour following the dosage, monitor BP, monitor heart rate; withhold dose for pulse less than 60bpm, monitor for edema, monitor I&O's, and monitor for crackles in the lungs.

-Furosemide, Bumetanide:80mg-monitor serum electrolyte levels, monitor for electrolyte imbalance, monitor for cardiac dysrhythmias, monitor BP, ensure patient does not take other ototoxic drugs, monitor for hearing loss, tinnitus, and vertigo, monitor blood glucose, and monitor uric acid levels.

-Hydrochlorothiazide:25mg-monitor serum electrolyte levels, monitor for electrolyte imbalance, monitor for dysrhythmias, monitor blood glucose, and monitor uric acid levels

-Metoprolol succinate, Carvedilol, Bisoprolol:100mg- monitor heart rate and report if it is lower than 60bpm, monitor for signs of heart failure, do not stop beta blockers suddenly, and when D/C taper does slowly over 1 to 2 weeks

-Nitroglycerin:2.5mg- caregiver should avoid touching ointment when applying, monitor length and severity of patient headache, monitor baseline BP and pulse, check again when nitrate reaches its peak effect, monitor heart rate, monitor drug tolerance, and give lowest dose first.

5. What patient education would you include?

Patient education that I would include would be to follow a low sodium diet, exercise daily, monitor I&O's monitor blood pressure at home and when to seek medical care, assess for any swelling, daily weights, monitor for worsening signs of heart failure, assess for weakness and fatigue, get plenty of rest and see your HCP regularly.