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Firelands Regional Medical Center School of Nursing
AMSN 2023
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 13, 2023 at 0800.
- Be prepared to discuss this assignment in class.
- You must complete the assignment in full to receive the 1.5H theory credit.

Assignment Objectives:

- Determine overall goals in the treatment of heart failure.

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**?
   I would want to know what her most recent lab values showed. I would also ask the patient if she were lying flat. I would want to know if the patient were feeling anxious as well. It would be important to note whether or not the patient has been experiencing fatigue at rest or with exertion. I would also want to ask the patient if she has ever experienced this before as well as if she has any pertinent family heart history.
2. **What assessment/ interventions would be appropriate for this patient?**
   I would want to do frequent cardiovascular assessments as the patient is exhibiting signs of heart failure. I would want to do frequent respiratory assessments as well, as the patient is short

of breath and has adventitious lung sounds. I would want to ensure the patient is sitting upright in bed and would apply oxygen via nasal cannula to help her improve her oxygen saturation. It is important that I also remove her rings so that if her finger swell more, they do not get stuck. Another thing I would do is to stop the infusion of normal saline as the patient is exhibiting signs of a fluid volume overload. It may also be appropriate to do a bladder scan as the patient seems to be retaining urine. Weighing the patient would also be beneficial to see how much they have gained. Finally, it would be appropriate to elevate the client's legs to increase venous return to the heart.

3. **What would you anticipate the healthcare provider to order?**
   I would anticipate the healthcare provider to order labs that include a CBC, BNP, BUN/creatinine, and urinalysis. I would anticipate cardiac diagnostic tests including an EKG and echocardiogram as well as a possible right heart cath. I would anticipate the provider to also order daily weights to determine fluid retention status. I would also anticipate an order for oxygen to keep the patient at an acceptable saturation. There would also likely be an order for a heart healthy diet, one low in sodium.
4. **What medications would be appropriate for this patient (include all pertinent from the Pharmacology List)? Doses? Nursing Interventions? <u>You will pick three of these medications to complete the ATI Medication Templates.</u>**
   Some medications that would be appropriate for this patient include…
   -Hydrochlorothiazide 12.5-100 mg/day: Monitor electrolyte values and watch for signs of electrolyte imbalances. Watch for dysrhythmias associated with hypokalemia. Should be taken with food no later than 3 pm.
   -furosemide 20-80 mg/day: Watch for signs of hypotension as well as hypokalemia. Can also cause ototoxicity. Latest dose should be given in early afternoon. Encourage adding foods rich in potassium to the diet.
   -spironolactone, dosage dependent on potassium, between 25-50 mg/day: Monitor for hyperkalemia as this is a potassium sparing diuretic. May cause endocrine effects such as menstrual irregularities. Should be given with food to enhance absorption. Monitor for palpitations and irregular pulse.
   -digoxin 0.125-1.5 mg/day: Do not give if pulse above 100 or below 60 bpm. Monitor for toxicity and for cardiac rhythm changes. May be given with or without food. Should be given at the same time each day. Potassium levels should be monitored carefully.
   -dobutamine IV 2.5-15 mcg/kg/min: Monitor for dysrhythmias and chest pain. Blood pressure should also be monitored continuously. Should be titrated. There should be one IV line specifically for this medication.
   -milrinone loading dose 50 mcg/kg, continuous infusion 0.5 mcg/kg/min: Make sure pt does not have fluid volume deficit or hypokalemia before giving medication. Continuous cardiac and vital sign monitoring.

5. **What patient education would you include?**
   I would make sure the patient reports any weight gain of more than 2 lbs per day to the provider. I would also educate them to report any worsening chest pain or shortness of breath.

They would need to be educated on how to take a radial pulse and to monitor their blood pressure at home, reporting when they are out of range. They should be educated on dietary changes such as lower sodium diets. They should also be educated if they are on medications that may affect their potassium levels. They should be educated on physical activity and how it can help improve cardiac function. It should be discussed when it is appropriate to hold a medication as well.