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**? History & Physical examination, Determine underlying cause, Cardiac biomarkers, liver function test, thyroid function test, CBC, lipid panel, kidney function test, urinalysis. Chest xray, ECG; obtain 12-lead.
2. **What assessment/ interventions would be appropriate for this patient?**
   Sit patient upright.
   Stop NS infusion
   All the diagnostic testing above including Hemodynamic monitoring.
   For vital signs – need drug therapy to decrease the HR, BP (Ace inhibitors, Beta blockers);
   Oxygen to improve oxygenation status
   Diuretics for fluid volume overload

Tx low CO with Positive Inotropes (Dopamine, dobutamine, norepinephrine)
Place patient on strict I & O's and daily weights

3. **What would you anticipate the healthcare provider to order?**
   Diuretics possible potassium-sparing, Positive Inotropes, Ace inhibitors, if she is African American or cannot tolerate ACE inhibitors, ARBS, Beta blockers, something for pain just in case because she maybe a diabetic having "silent angina."
   Furosemide, Spironolactone, Digoxin, Dopamine, dobutamine, Captopril, lisinopril, losartan, valsartan, morphine,
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>**
5. **What patient education would you include?**
   I would educate the patient on the disease process and what is happening to her.
   I would educate on the signs and symptoms to watch for in regards to heart failure.
   I would educate her on all possible medications prescribed.
   Diuretics: Educate the patient on importance of increasing/decreasing potassium depending on the type of diuretic she is on
   Inotropes:
   Digoxin:
   Take apical pulse for 1 minute before administering a dose. Watch for signs of bradycardia and report to HCP.
   Report manifestations of hypokalemia (nausea/vomiting, general weakness) Consume high - potassium foods(green-leafy vegetables, bananas, potatoes), especially if patient is on furosemide
   Ace inhibitors: Notify HCP if cough develops or signs and symptoms of angioedema (facial swelling of the eyes and mouth)
   Beta Blockers: Carefully sit upright and slowly stand up in the event of orthostatic hypotension.
   ARBS: hypotension, angioedema
   I would also teach my patient about a heart healthy diet low in sodium and healthy alternatives (fresh fruits and vegetables).