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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?**
 - a. Medical/Family history, patients weight, patients labs, diagnostic test results, patients admitting complaint.
- 2. What assessment/ interventions would be appropriate for this patient?**
 - a. Bladder scan, diuretics, diagnostic heart cath, echocardiogram, oxygen, anticoagulant therapy, and daily weights.
- 3. What would you anticipate the healthcare provider to order?**

- a. Furosemide, diagnostic testing (echocardiogram, heart cath, ekg, etc.), warfarin, bedrest, supplemental oxygen, possible heart failure medications (ACE inhibitors, ARBs, Beta Blockers, etc.)
- 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.**
- a. Ace Inhibitors: captopril (25mg, 3x daily), lisinopril (5mg, once daily), enalapril (2.5-5mg, once daily)
 - i. Monitor weight and assess for fluid overload.
 - b. ARBs: valsartan (40mg, 2x daily)
 - i. Assess for signs of angioedema, monitor weight daily.
 - c. Digoxin (PO; 0.125-0.5mg, Daily [maintenance dose])
 - i. Monitor apical pulse for full minute before administering, monitor for signs of toxicity.
 - d. Dobutamine (2.5-15 mcg/kg/min), Dopamine (1-5 mcg/kg/min)
 - i. Monitor vitals, EKG, and Urine output continuously and adjust medication dosage as needed.
 - e. Entresto (Sacubitril 49mg/ valsartan 51mg, 2x daily)
 - i. Assess for signs of angioedema, monitor weight daily, monitor for hypotension and adjust dosage if needed.
 - f. Furosemide (PO; 20-80mg, 1-2x daily) bumetanide (PO; 0.5-2mg, 1-2x Daily)
 - i. Assess fluid status, daily weights, intake, and output. Notify physician of any signs of dehydration. Assess patients for any rashes.
 - g. Hydrochlorothiazide (PO; 12.5-100mg, 1-2x daily)
 - i. Monitor BP, intake/output, daily weight, and assess for edema daily. Assess for hypokalemia, Assess for skin rashes.
 - h. Beta Blockers: metoprolol succinate (12.5-25mg, Daily), Carvedilol (3.125 mg, 2x daily) bisoprolol (5mg, Daily)
 - i. Monitor Vitals frequently, Monitor daily weights, intake/output, assess for new or worsening heart failure.
 - i. Milrinone (0.5 mcg/kg/min, maintenance dose)
 - i. Monitor HR and BP continuously, slow or discontinue dose if needed, Monitor EKG continuously.
 - j. Nesiritide (2mcg/kg bolus, 0.01 mcg/kg/min; maintenance dose)
 - i. Monitor BP, EKG, and RR continuously. Monitor Intake/output and daily weights. Decrease or stop administration if hypotension occurs.
 - k. Spironolactone (25mg, Daily)
 - i. Monitor intake/output, daily weights, and signs of hyperkalemia (fatigue, weakness, arrhythmias)

5. What patient education would you include?

- a. Diet changes, long-term medication therapy adherence, exercise routines, safety and fall risk, daily weights, when to call physician vs. emergency room, follow-up appointments with cardiologist, importance of slow position changes, diuretic therapy.