

Firelands Regional Medical Center School of Nursing  
AMSN 2024  
Unit 6: Heart Failure online assignment (1.5H)

Directions:

- Read Lewis Chapter 38, 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 11, 2024 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. Normal saline 0.9% @ 125mL/HR is 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 over the last 8 hours.

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

I would like to know how much fluid the patient has received through their stay including PO and IV, as well as the rate for the patient's stay, has it been 125 mL/hr the whole time. I would also want to know when the symptoms started for them and how long they have been admitted for. What is their history, do they always have an S3 sound when auscultated apically, are they always edematous, are they showing signs of hypoxia. I would look at their daily weight history, documented I&O, and medications administered.

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

A thorough head to toe assessment with an emphasis on the respiratory, cardiac, and skin assessments, VS should be completed, we should elevate the patients head of bed, put them on a fluid restriction, change their diet to heart healthy, daily weights should be completed, if the patient can tolerate, on a standing scale, strict I&O should be monitored, the patient could have a foley catheter put in (physician depending) or a purewick or male catheter for accurate urinary output monitoring, complete an ECG as well and keep the patient on telemetry.

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

I anticipate the provider ordering medications including a diuretic, antiarrhythmic, and blood pressure medication for HTN. The provider would put the patient on a fluid restriction, heart healthy diet, CXR, labs (CBC, CMP, urinalysis), echocardiogram, stress test, CT/MRI

**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.**

Medications that would be appropriate for this patient would be furosemide, losartan, and digoxin. I would give 0.75 mg of digoxin PO, 40 mg of furosemide IV, and 50 mg of losartan PO. Interventions should be daily weights, I&O, fluid restriction, HOB elevated to 30-45 degrees, apical HR monitored before administration, telemetry monitoring, BP monitoring, respiratory assessments and cardiovascular. Skin checks for edema and doppler pulses of the pedal pulses.

**5. What patient education would you include?**

The patient should be educated on fluid restrictions, the frequent VS and I&O monitoring to have a balanced intake and output, the patient needs to understand why they are on new medications and why they are used for, the patient should ambulate when possible and know how to use the incentive spirometer for lung expansion. Their HOB will be elevated to assist with their respirations. The patient will be on a heart healthy diet and will need education on what it does. All the diagnostics to be completed should also be included in education.