

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 first assess the patient's vitals to determine stability. I would want to know the baseline vitals to determine how much they changed. I would listen to lung sounds to assess for fluid overload/crackles. I would also assess edema in all extremities. It would be important to know current medications including PRN medications at this time to determine what could be done initially and if any medications needed to be stopped. It would be important to know the patient's daily weight and compare it to yesterday's weight. As well as assess the bladder for any possible retention after seeing that output was much less than input. Pedal pulses and neurological checks would be important to continue to monitor.

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

Assess vitals, edema, lung sounds and heart sounds. I would also get the daily weight to see how much was gained. It would also be important to know the potassium level, to know which diuretic would be most appropriate. I would sit the patient up and administer oxygen per nasal cannula. I would then stop the normal saline that was running at 125 mL/hr. I would then check the medications available for PRN to see if any diuretics were listed. I would document and notify the HCP of the change in status and see if I was given any new orders.

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

I would anticipate the HCP to order a diuretic. This would help the patient get rid of the excess fluid and provide some relief. It would also help clear the lungs so that the patient was able to breathe easier. I would also expect an order for oxygen to be administered based on SpO2 parameters. Possible order for catheter for stricters I and O's and fluid restrictions. There may be an order for an anti-hypertensive to help manage the patients BP and HR.

**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.**

**Furosemide:** This medication is a loop diuretic that would help reduce the edema related to the patients HF. I would give 20-40mg IV every 1-2 hours until we had appropriate response of decreased edema and clear lung sounds. It could also be given PO 20-80 mg/day as an initial dose and then 20-40mg every 6-8 hours until desired response. It would be important to assess the patient's fluid status, daily weight, I and O, edema, lung sounds. Change positions slowly because it can cause orthostatic hypotension. Monitor K+ levels because they may decrease during therapy.

**Losartan:** This medication is an antihypertensive that is used to help manage hypertension. It works by lowering the BP. It can be given 50 mg PO once a day but if the patient is receiving diuretics, they should start at 25 mg once a day PO. It is important to assess the patients BP and pulse frequently during therapy. Assess for signs of angioedema. Risk for orthostatic hypotension. Avoid foods with high levels of potassium or sodium.

**Lisinopril:** This medication is an Ace Inhibitor- antihypertensive that works in the management of hypertension and for the management of heart failure. It works by lowering BP in hypertensive patients and decreasing symptoms in heart failure patients. It is important to monitor BP and pulse frequently. We should also weigh the patient daily and assess for fluid overload.

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

Medication compliance is very important to ensure that the heart failure symptoms are managed and that the patient is stable. Adverse reactions and side effects of medications also should be taught so that the patient takes the proper precautions to ensure her safety. It is also important to educate the patient on the signs and symptoms of fluid overload and heart failure so that they can quickly recognize them

and notify the HCP. If oxygen is being taken home, they would also need to be educated on oxygen safety at home.