

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?**
 - a. What are the patients admitting diagnosis, history, morning labs if any, orientation, upper extremity edema, radial/brachial pulses, does the patient have a Foley catheter, EKG rhythm, risk factors, social history?
- 2. What assessment/ interventions would be appropriate for this patient?**
 - a. Stop the fluids immediately, sit the patient up, apply O2, place a heart monitor on the patient, implement a fluid restriction, call the provider, weigh the patient, start diuretic. Full head to toe assessment, frequent checks on the patient's status, monitor labs, daily weights, monitor intake and output.
- 3. What would you anticipate the healthcare provider to order?**

- a. I would anticipate a fluid restriction, an order to maintain the patients O₂ >94%, diuretics, strict I/O, daily weights, ted hose/SCD's, Heart monitor, daily labs, and an order for Lasix.
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. From the Pharmacology List I would administer Dobutamine, furosemide, bumetanide hydrochlorothiazide, milrinone, nesiritide, and spironolactone are all appropriate for this patient.
 - i. **Dobutamine**- 2.5-15 mcg/kg/min titrated to get desired response. Monitor BP, HR, ECG, CO, and urinary output. Palpate peripheral pulses and edema during therapy. Monitor potassium. Tell nurse if new chest pain, dyspnea, numbness, burning, or tingling occurs.
 - ii. **Furosemide**- 20-40 mg IV push q1-2HR until response is met then maintenance q6-12 hr. Monitor fluid status, BP and HR before and during treatment. Assess for tinnitus and hearing loss. Monitor electrolytes and hepatic and renal function.
 - iii. **Bumetanide**- 0.5-2 mg/ day given in 1-2 doses. Assess fluid status, BP and HR before and during treatment, assess for tinnitus and hearing loss, assess for skin rash. Administer no later than 5pm because it can disrupt sleep cycle,
 - iv. **Hydrochlorothiazide**- 12.5-100mg/day in 1-2 doses. Monitor BP, I/O, daily weight, assess feet, hands, and sacral area for edema, assess for rash, monitor electrolytes, administer in the morning to not disrupt sleep/wake cycle. Give with food/milk to decrease GI upset.
 - v. **Milrinone**- 50 mcg/kg IV followed by continuous infusion at 0.5 mcg/kg/min. Monitor HR and BP, I/O, daily weights, ECG continuously, electrolytes and renal function. Monitor for hypotension- overdose manifestation. Educate this is a temporary measure not a cure.
 - vi. **Nesiritide**- 2 mcg/kg bolus followed by 0.01 mcg/kg/min continuous infusion, Monitor BP, HR, ECG, RR, May cause hypotension, I/O, Daily Weights, BUN, Creatinine.
 - vii. **Spironolactone**- 25mg once daily then 50 mg once daily. If hyperkalemia develops decrease dosage. Monitor I/O, daily weights, potassium levels, periodic ECGs, assess for skin rashes, administer in the morning to not disrupt sleep cycle. Educate to take this medication even if you are feeling well.
5. What patient education would you include?
 - a. I would educate the patient on maintaining a low sodium Diet, eliminating modifiable risk factors, following medication regiment, daily weights and adequate rest periods throughout the day.