

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

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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. Some additional information I'd need to know is their labs, specifically their kidney function (creatinine and BUN), radial pulse assessment, when their symptoms started, if it's happened before, a focused neuro assessment, and a 12 lead reading, if their a diabetic, have a history of heart disease or heart problems, if they smoke,

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

- a. Some interventions that would be appropriate for this patient include discontinuing the infusion, high fowlers positioning, oxygen through either a nasal cannula or simple face mask, assess for urine retention if they need straight cathed, huff coughing or splinting, use of incentive spirometer, and an order for a diuretic to remove the excess fluid. I would also assess their blood pressure and oxygen every hour, and do a neuro

assessment because their oxygen was low. I would also check abdominal distension, restlessness, confusion, blood-tinged sputum, pallor, and cyanosis.

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

- a. An order for an osmotic diuretic, NPO status, titrated oxygen via NC to maintain SpO₂ >94%, long-term low sodium diet and or sodium restriction, carb counting, daily weight, liver function test, CBC, and BMP (if not done already), chest x-ray, and an ECG to look for ventricular or atrial enlargement.

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. Some medications that are appropriate for this patient include loop diuretics, potassium-sparing diuretics, and digoxin. For a loop diuretic, if it is given IV, it should be in an undiluted form and should be administered slowly to prevent ototoxicity. This should be stored away from light and at a controlled room temperature. I would monitor their blood glucose if they're diabetic, monitor uric acid levels, and report elevated uric acid levels. If they're diabetic, their dosage for a loop diuretic would have to be higher and or adjusted. For potassium-sparing diuretics (like Spironolactone), this prevents hypokalemia and therefore prevents dysrhythmias from occurring. However, this could cause hyperkalemia, so telemetry would be implemented. Their serum potassium levels should be monitored closely during treatment. This medication should be given orally and with food to enhance absorption. They can also be crushed and mixed. Menstrual irregularities and abnormal hair growth should be monitored. Digoxin helps increase the contractility of the heart to increase the overall cardiac output. I would monitor for vomiting which can induce bouts of hypokalemia. I would monitor changes in the cardiac rhythm, and I would monitor for s/s of Digoxin toxicity. Digoxin can be given orally as tablets or IV. The IV form should be given over five minutes.

5. What patient education would you include?