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?**
   Patient history, use of accessory muscles, presence of dysrhythmias, serum chemistries, cardiac markers, BNP, liver function tests, CBC, lipid profile, kidney function tests.
2. **What assessment/interventions would be appropriate for this patient?**
   Put the patient on a heart monitor, daily weights, sodium/fluid restrictions, oxygen, strict I's & O's.
3. **What would you anticipate the healthcare provider to order?**
   Oxygen to maintain saturation above 92%, chest x-ray, possible heart catheterization, exercise stress test, sleep study, possible placement of defibrillator.

4. **What medications would be appropriate for this patient (include all pertinent from the Pharmacology List)? Doses? Nursing Interventions? <u>You will pick three of these medications to complete the ATI Medication Templates.</u>**

Captopril- 25 mg 3 times a day PO. Monitor blood pressure/pulse, monitor for signs of angioedema, monitor weight, monitor for improvements of fluid overload, monitor renal function.

Spironolactone- 25-200mg/day PO as a single dose or 2 divided doses. Suspension is given as 75 mg/day as single dose or 2 divided doses. Monitor intake and output, daily weights, monitor for signs of hyperkalemia, assess for skin rash and DC at first sign of rash, evaluate serum potassium prior to starting therapy and during therapy.

Carvedilol- 3.125 mg PO twice daily for two weeks then increased to 6.25 mg twice daily. Monitor blood pressure and pulse frequently, monitor I&O's, daily weights, monitor evidence of fluid overload.

Diltiazem- 30-120 mg 3-4 times daily PO. Monitor blood pressure and pulse, monitor ECG periodically for long-term therapies, monitor I&O's, daily weights, assess for rash and DC therapy if rash is present, monitor serum potassium levels, monitor renal and hepatic functions during long term therapy.

Hydrochlorothiazide- 12.5-100 mg/day in 1-2 doses PO. Monitor blood pressure, I&O, daily weight, assess skin for edema, monitor electrolytes, blood glucose, BUN, creatinine, and uric acid.

Metoprolol- 12.5-25 mg/day PO and can be doubled every week until 200 mg/day. Monitor blood pressure, ECG, and pulse frequently. Monitor I&O's, daily weights, and for symptoms of heart failure.

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

Sodium restrictions to reduce chances fluid retention and exacerbation, how to tailor favorite recipes for new modifications, taking daily weights to monitor for weight changes related to retention, educate on how to read food labels to monitor intake of sodium, medication adherence.