

Firelands Regional Medical Center School of Nursing
AMSN 2025
Unit 6: Heart Failure online assignment (1.5H)

Directions:

- Read Lewis Chapter 38, review ATI Pharmacology Made Easy 5.0: 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 (see below for further details).
- This assignment is due in the Unit 6: HF assignment drop box by March 10, 2025 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?

Any past medical history of heart failure chronic kidney disease, or lung conditions. Medications she is currently taking specifically diuretics, antihypertensives, or heart failure meds. Knowledge of recent labs drawn. Has the shortness of breath worsened over the past couple days, recent weight gain or new edema. History of respiratory issues.

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

Supplemental o₂, monitor o₂ sats and s/s of respiratory distress. Elevated HR, BP, worsening crackles and S3 heart sound may indicate worsening heart failure. Ensure she still remains alert and oriented. Monitor I's and O's closely because she is retaining more than she is putting out. Sit her up right to help her breathe, turn down the IV fluids which could be contributing to the worsening edema, immediately notify the healthcare provider.

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

I would anticipate some sort of diuretic therapy to help decrease the amount of edema. Some sort of oxygen therapy depending on how her o₂ sats. Continuous telemetry if she is not already on it and an EKG. A chest X-ray to see if there is any pulmonary edema. Labs to assess kidney function, electrolytes and cardiac function.

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 20-40mg IV; Monitor I&O, as well as electrolyte levels (especially potassium) Assess for dehydration or hypotension, Monitor renal function, Assess for symptoms of hypokalemia (muscle weakness, fatigue, arrhythmias)

Enalapril 2.5-5 mg PO; Monitor blood pressure (especially after first dose, may cause hypotension), Assess renal function, Watch for signs of hyperkalemia, Educate patient on potential side effects, including a persistent cough.

Spirolactone 25-50 mg PO; Monitor potassium levels as spironolactone can cause hyperkalemia, Monitor renal function, Assess for signs of fluid imbalance, such as changes in weight, edema, or decreased urine output.

Metoprolol succinate 25-100 mg PO; Monitor heart rate and blood pressure, Monitor for signs of hypotension, Educate patient about possible side effects such as fatigue or dizziness.

Digoxin: 0.125-0.25 mg PO; Monitor serum digoxin levels to avoid toxicity, Monitor for signs of toxicity, including nausea, vomiting, confusion, or arrhythmias, Check heart rate before administration; hold if HR is < 60 bpm.

5. What patient education would you include?

If Frannie is diagnosed with heart failure or fluid overload, she may need to follow a fluid restriction plan. Educate her on limiting fluid intake and keeping track of how much fluid she consumes daily. Teach her to avoid high-sodium as they can increase fluid retention and worsen heart failure. Explain the purpose of diuretics in helping to eliminate excess fluid. Educate her about possible side effects. Advise her to weigh herself daily and report a significant weight gain (more than 2-3 pounds in a day) because it could indicate worsening fluid retention. Instruct her on the signs of worsening heart failure, including increased

shortness of breath, swelling in the legs or abdomen, and sudden weight gain. Encourage her to seek care immediately if these symptoms occur. Reinforce the importance of taking prescribed medications as directed and not discontinuing any medications without asking a healthcare provider.