

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?**

I would want to know Frannie's past medical history. Does she have heart failure or kidney disease that affects her fluid balance.

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

I would elevate the head of the bed and start Frannie on 2L NC and continue to assess her oxygen saturation and work of breathing after implementing these interventions. I would also place her on a cardiac monitor and use a doppler to attempt to find Frannie's pedal pulses. I could also use a bladder scanner to see if she is retaining urine as her output is much lower than her intake.

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

I would anticipate the HCP prescribing a diuretic to alleviate the excess fluid; they may also discontinue the fluids if appropriate. A beta blocker could be ordered to decrease the heartrate and blood pressure. They could also order a chest x-ray to visualize the lungs.

**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.**

Metoprolol: 25-100 mg PO once daily or BID for HTN

Monitor BP  
Monitor HR  
Monitor intake/output

Lisinopril: 5 mg PO once daily for HF

Monitor BP  
Monitor HR  
Assess for signs of angioedema  
Monitor weight

Sacubitril/valsartan: 49mg/51mg PO BID; double dose in 2-4wks for goal of 97mg/103mg

Monitor BP  
Monitor weight  
Assess for signs of angioedema

Furosemide: 20-80 mg PO once daily for edema

Monitor weight  
Monitor intake/output  
Monitor BP  
Monitor HR

Hydrochlorothiazide: 12.5-100 mg PO in 1-2 doses

Monitor BP  
Monitor intake/output  
Monitor weight  
Assess for edema

Milrinone: 0.5 mcg/kg/min IV

Monitor BP  
Monitor HR  
Monitor intake/output  
Monitor EKG  
Assess for signs/symptoms of HF  
Monitor electrolyte

Nesiritide: 0.01 mcg/kg/min IV

Monitor BP  
Monitor HR  
Monitor EKG  
Monitor intake/output

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

Obtain daily weights and report increases in weight to HCP.

Monitor fluid and sodium intake.

Maintain compliance with medication regiment.

Monitor for exacerbation of HF (dyspnea, edema, increase weight).