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**?
   - Patient's history
   - Medications they are on
   - Allergies
   - Any recent weight gain or loss
   - Dietary intake especially sodium and fluid intake
2. **What assessment/ interventions would be appropriate for this patient?**
   - Monitor VS closely, especially HR, BP, and SpO2
   - Assess lung sounds for worsening crackles or signs of pulmonary edema
   - Evaluate for worsening peripheral edema

- Check for JVD or worsening dyspnea
- Assess the patient's need for supplemental oxygen
- Elevate the HOB
- Restrict fluids and sodium
- Administer meds as ordered
- Monitor electrolytes (K+ and Na+)

3. **What would you anticipate the healthcare provider to order?**
   - Diuretic medications to reduce fluid overload
   - Oxygen therapy
   - Daily weights to monitor fluid retention
   - Electrolyte and renal function tests
   - BNP to assess HF severity
   - EKG
   - CXR
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>**
   - Furosemide – monitor urine output closely, assess for electrolyte imbalances, monitor BP, and watch for signs of dehydration (20-80mg/day PO, 20-40mg IV).
   - Lisinopril- monitor BP before and after administration, monitor renal function, monitor for angioedema, educate pt about possibility of dry cough (5mg once daily)
   - Losartan – assess for hypokalemia, monitor BP closely (50mg once daily)
   - Metoprolol – Check HR and BP before administering, monitor for hypotension and bradycardia (12.5-25 mg once daily)
   - Spironolactone – monitor K+ levels (risk for hyperkalemia), check renal function, assess for gynecomastia, and monitor BP (25 mg tab once daily)
   - Nitroglycerin – Assess for headache, educate pt to lie down or sit while taking this med, and ensure pt to avoid ED meds when on nitro (PO 2.5-9mg q8-12hr, SL 0.3-0.6 mg, IV 5 mcg/min, increase by 5 mcg every 3-5 minutes until 20 mcg/min)
   - Digoxin – check apical pulse for full minute prior to administering, monitor for signs of digoxin toxicity (N+V, confusion, bradycardia), educate pt to take at the same time every day. (0.75-1.5 mg PO loading dose, IV, IM= 0.5-1 mg loading dose)
   - Morphine – monitor RR, oxygen saturation, and LOC, have Narcan on hand in case of opioid induced respiratory depression (PO – 30 mg every 3-4 hr, IV, IM, SC – 0.05-0.2 mg/kg every 3-4 hour)
   - Valsartan – monitor BP, do not give with an ACE inhibitor, educate pt of signs of angioedema, monitor labs such as BUN and creatinine. (40mg twice daily)
5. **What patient education would you include?**
   - Importance of daily weight monitoring and sudden weight gain of >2-3 lbs in a day
   - Fluid and sodium restriction to prevent fluid overload
   - Recognizing early signs and symptoms of worsening HF (increasing SOB, swelling, fatigue)
   - Medication compliance and side effects

- When to seek medical attention