

Firelands Regional Medical Center School of Nursing  
AMSN 2026  
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 9, 2026 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?**

Some information that I would want / need to know in this scenario is her medical history. Does she have a history of heart failure, HTN, or kidney disease or if there she has any artery diseases within the heart itself. Another cause for concern that I would like to know is her current medications and if she is currently taking them or not. I would also ask thoroughly what kind of fluids she is taking in instead of just asking about sodium intake but ask for a list of items within the last week or so that she consistently drinks.

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

When assessing this patient, I would like to measure her daily weights to ensure that she isn't gaining or losing a substantial amount of weight within her stay on 4P. This could indicate if she is holding on too many fluids hence why she is experiencing the crackles, edema, and having a hard time catching her breath. Assessing mental status changes due to low oxygen saturation would also be one of my concerns when assessing this patient. When first going into the room I would most likely position this patient upright to see if that helps with the saturation and breathing. While doing that I would also set up oxygen starting at 2-4 L of nasal cannula until her pulse ox would reach within normal limits. I would also try my best to remove all her rings on her fingers in the event her hands continue to swell. If the patient was on any fluids, I would turn off the fluids and call the provider to see if it's appropriate to get any diuretics for her. I would also like to set her up on cardiac monitoring to monitor her heart while trying to fix the fluid overload and make sure the heart recovers appropriately.

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

Orders from the healthcare provider that I would anticipate would be Strict I&O, continuous cardiac monitoring, daily weights, fluid restrictions, loop diuretics, vasodilators, Ace inhibitors, low sodium diet, chest x-ray.

**4. What medications would be appropriate for this patient (include all pertinent from the Unit 6 Pharmacology List) ? What doses? Nursing Interventions?**

Medications from unit 6 pharmacology list that I would say is appropriate for this scenario would be Furosemide Lasix since this is a first line fluid overload medication and it helps with the pulmonary edema she is experiencing. Next, I would say Nitroglycerin would be important in this case due to how it reduces preload and pulmonary congestion quickly. This happens with vasodilation which decreases pressure in the lungs and heart. Morphine sulfate would be important as well this could decrease the amount of anxiety and or dyspnea. Lisinopril ACE inhibitor which is a medication used for heart failure by decreasing blood pressure which improves cardiac output. Lastly the medication spironolactone would be useful if this patient develops a long-term heart failure condition. This medication is a potassium-sparing diuretic, so it keeps the potassium within your body.

Doses and Interventions:

Furosemide 20-40 mg IV, Assess fluid status. Monitor daily weights, intake and output. Amount and location of edema, lung sounds, skin turgor, and mucous membranes.

Nitroglycerin 0.3-0.6 mg SL, Assess location, duration, intensity, and precipitating factors of patient's anginal pain.

Morphine Sulfate >50kg 4-10mg every 3-4 hrs. IV IM SC, assess type, location, and intensity of pain prior and 1 hours following the dose.

Lisinopril PO adults 5 mg once daily may be titrated every 2 weeks up to 40 mg a day. Monitor weight and assess patient routinely for resolution of fluid overload.

Spironolactone Tablets 25-200mg/day as a single dose or 2 divided doses. Monitor intake and output ratios and daily weights during therapy.

**You will pick three of these medications to complete the ATI Medication Templates.**

**5. What patient education would you provide to Frannie Failure?**

Education that I would focus on with this patient would be their diet and how they should have a low sodium diet and to avoid canned and processed foods. Next a major topic would be to watch their daily weights and tracking how much intake and output they are having. Next after getting her medications in order, I would explain each medication and their importance to taking them daily. Also, when working with the medications she's taking, I would also go over adverse reactions to the medications and when to notify her primary healthcare provider in certain instances. Then lastly, I could close out with speaking about daily lifestyle habits and how she could be improving her life in general whether she is a smoker, drinker, etc.